

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (2-21)**  
**STATE: RI**  
**APPLICATION YEAR: 2010**

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**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2010**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: RI**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,860,000

A.Preventive and primary care for children:

\$ 693,942 ( 37.31 %)

B.Children with special health care needs:

\$ 746,160 ( 40.12 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 119,835 ( 6.44 %)

(The above figure cannot be more than 10% ) [Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 614,421

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 2,291,092

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 4,461,199

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 16,926,370

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 1,875,000

\$ 23,678,661

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 26,153,082

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 191,949

c. CISS: \$ 151,291

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 61,324

f. EMSC: \$ 0

g. WIC: \$ 25,741,608

h. AIDS: \$ 7,978,287

i. CDC: \$ 14,947,290

j. Education: \$ 56,145

k. Other:

EPA \$ 524,978

Federal Medicaid \$ 890,620

HRSA \$ 2,083,617

Other (OSHA, NESHAP) \$ 1,326,207

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 53,953,316

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 80,106,398

## FORM NOTES FOR FORM 2

None

### FIELD LEVEL NOTES

- 1. Section Number:** Form2\_Main  
**Field Name:** FedAlloc\_Admin  
**Row Name:** Federal Allocation - Title V Administrative costs  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The amount shown (6.44%) represents the percentage of the "10 award budgeted for administrative costs. Administrative costs reflect personnel functions related to contracting, purchasing, payroll, travel and administrative support, fiscal mangement and operations.
- 2. Section Number:** Form2\_Main  
**Field Name:** StateMCHFunds  
**Row Name:** State MCH Funds  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Includes state account funds minus Medicaid matching funds, but includes newborn screening restricted account funding.

The following state accounts totaling \$2,291,092 based on the SFY10 budget as of July 2009.

MATERNAL & CHILD HEALTH \$167454.00  
ASSOC DIRECTOR \$90025.00  
CHILDREN WITH SPECIAL HEALTH CARE NEEDS \$52917.00  
NEWBORN SCREENING PROGRAM \$1,930,696.00  
FAMILY PLANNING \$50000.00

Based on the total FY"10 federal MCH Title V budget of \$1,860,000, the "10 State Match (\$3 state for every \$4 federal) totals \$1,395,000.
- 3. Section Number:** Form2\_Main  
**Field Name:** OtherFunds  
**Row Name:** Other Funds  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The following state accounts for the Other category totaling \$4,461,199 is based on the SFY10 budget as of July 2009.

MINORITY HEALTH PROGRAM \$494,461.00  
OCCUPATIONAL HEALTH - LEAD \$42,730.00  
HEALTH RISK ASSESSMENT \$247,297.00  
OCCUPATIONAL AND RADIOLOGICAL HEALTH \$386,187.00  
CHRONIC DISEASE (CANCER REGISTRY) \$149071.00  
CHOICES FOR SELF CARE CHALLENGE GRANT (NCOA funding) \$124,802.00  
WORKSITE WELLNESS \$50,000.00  
STATE TOBACCO CONTROL \$683,509.00  
SMOKING CESSATION \$52,250.00  
HIV TREATMENT \$2,230,892.00
- 4. Section Number:** Form2\_Main  
**Field Name:** ProgramIncome  
**Row Name:** Program Income  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Program income - the restricted accounts with private funds from insurance reimbursement. Does not include newborn screening restricted account which is general revenue funding and was included as part of the state funding category.

ALF-TOBACCO \$16,000.00  
INFANT - CHILD IMMUNIZATION \$13,173,825.00  
ADULT IMMUNIZATIONS \$3,736,545.00
- 5. Section Number:** Form2\_Main  
**Field Name:** SSDI  
**Row Name:** Other Federal Funds - SSDI  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on SFY"10 budget in July 2009.

STATE SYSTEM DEVELOPMENT INITIATIVE \$191,949.00
- 6. Section Number:** Form2\_Main  
**Field Name:** CISS  
**Row Name:** Other Federal Funds - CISS  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on SFY"10 budget in July 2009.

CISS - SECCS (PLANNING) \$151,291.00
- 7. Section Number:** Form2\_Main  
**Field Name:** HealthyStart  
**Row Name:** Other Federal Funds - Healthy Start  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on SFY"10 budget in July 2009.

HEALTHY TOMORROWS \$61,324.00

8. **Section Number:** Form2\_Main  
**Field Name:** WIC  
**Row Name:** Other Federal Funds - WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on SFY"10 budget in July 2009.

OFFICE OF SUPP NUTRI - WIC - ADMIN \$5,939,588.00  
OFF OF SUPPLEMENTAL NUTRITION - WIC - BENEFITS \$19,641,019.00  
WIC - FARMERS MARKET \$161,001.00

9. **Section Number:** Form2\_Main  
**Field Name:** AIDS  
**Row Name:** Other Federal Funds - AIDS  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on SFY"10 budget in July 2009.

ALTERNATE SITE HIV III TEST \$1,964,980.00  
HIV/AIDS SURVEILLANCE \$212,051.00  
HIV CARE GRANT (RYAN WHITE) \$3,671,916.00  
AIDS (MEDICAID-FEDERAL) \$665,588.00  
HIV CARE GRANT DRUG REBATE \$1,321,000.00  
STIMULUS -AIDS (MEDICAID-FEDERAL) \$142,752.00

10. **Section Number:** Form2\_Main  
**Field Name:** CDC  
**Row Name:** Other Federal Funds - CDC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on SFY"10 budget in July 2009.

PREVENTIVE BLOCK GRANT \$638,630.00  
CHILDHOOD LEAD POISONING PREVENTION \$1,294,737.00  
ASTHMA\$402,097.00  
HEART DISEASE & STROKE \$547,684.00  
COMPREHENSIVE CANCER CONTROL \$2,575,425.00  
RAPE PREVENTION AND EDUCATION \$152,729.00  
CORE STATE INJURY SURVEILLANCE \$167,034.00  
CDC CHRON DIS PREV/HEALTH TCP \$2,175,668.00  
OBESITY/NUTRITION \$808,837.00  
RI YOUTH SUICIDE PREVENTION \$500,000.00  
CHILD CARE SUPPORT NETWORK \$420,375.00  
NEWBORN HEARING SCREENING \$161,226.00  
FAMILY OUTREACH PROGRAM \$450,000.00  
IMMUNIZATION \$2147,683.00  
ORAL DISEASE PREVENTION - STATE SUPPORT \$235,879.00  
STIMULUS - IMMUNIZATION \$2,201,000.00  
ADULT VIRAL HEPATITIS \$120,985.00  
BIRTHS DEFECTS SURVEILLANCE \$274,519.00  
PREGNANCY RISK ASSESSMENT MONITORING SYS \$151810.00  
EHDII TRACKING \$159,602.00

11. **Section Number:** Form2\_Main  
**Field Name:** Education  
**Row Name:** Other Federal Funds - Education  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on SFY"10 budget in July 2009.

HEALTHY SCHOOLS HEALTHY KIDS \$56,145.00

12. **Section Number:** Form2\_Main  
**Field Name:** OtherFedFundsOtherFund  
**Row Name:** Other Federal Funds - Other Funds  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Based on SFY"10 budget in July 2009.

EPA  
EPA LEAD LICENSING/CERTIFICATION \$156,705.00  
RADON ASSESSMENT & MITIGATION \$183,124.00  
ENVIRONMENTAL HEALTH STUDY OF AIRPORT \$185,149.00

FEDERAL MEDICAID  
PRIMARY CARE - MEDICAID \$155357.00  
MEDICAID ADMIN - FED MATCH \$185,006.00  
OSHA STATEWIDE ON-SITE CONSULTATION PGM \$550,257.00

HRSA  
REFUGEE PREVENTIVE HEALTH DISCRETIONARY \$50,634.00  
CSHCN INTEGRATED SERVICES \$336,127.00  
PRIMARY CARE SERVICES \$131,721.00  
RURAL HEALTH \$174196.00  
ORAL HEALTH WORKFORCE ACTIVITIES \$130,306.00  
FAMILY PLANNING - FEDERAL FUNDS \$1,260,633.00

OTHER (OSHA,NESHAP)

2005 OMH STATE \$194,112.00  
ASBESTOS NESHAP DEMOLITION \$81,697.00  
ASBESTOS ABATEMENT \$106,815.00  
ADULT BLOOD LEAD \$153,792.00  
TOXIC SUBSTANCES \$51,500.00  
WALKABLE COMMUNITIES INITIATIVE \$46263.00  
RECALL EFFECTIVE CHECKS \$3,875.00  
RI LAUNCH \$688,153.00

**FORM 3**  
**STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506(a)(1-3)]*

**STATE: RI**

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 1,768,713	\$ 2,214,593	\$ 1,768,713	\$ 1,572,786	\$ 1,860,000	\$ 2,036,820
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 262,026	\$ 380,473	\$ 290,150	\$ 618,600	\$ 250,000	\$ 458,166
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 6,936,010	\$ 2,897,680	\$ 3,001,829	\$ 2,594,550	\$ 3,961,639	\$ 2,929,653
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 5,723,009	\$ 4,104,095	\$ 5,685,269	\$ 5,131,267	\$ 6,875,852	\$ 6,862,779
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 14,689,758	\$ 9,596,841	\$ 10,745,961	\$ 9,917,203	\$ 12,947,491	\$ 12,287,418
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 30,848,458	\$ 27,066,952	\$ 27,955,087	\$ 26,768,821	\$ 26,507,197	\$ 27,957,936
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 45,538,216	\$ 36,663,793	\$ 38,701,048	\$ 36,686,024	\$ 39,454,688	\$ 40,245,354
(STATE MCH BUDGET TOTAL)						

**FORM 3**  
**STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506(a)(1-3)]

**STATE: RI**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> (Line1, Form 2)	\$ 1,860,000	\$ 1,490,278	\$ 1,860,000	\$	\$ 1,860,000	\$
<b>2. Unobligated Balance</b> (Line2, Form 2)	\$ 200,000	\$ 794,119	\$ 471,103	\$	\$ 614,421	\$
<b>3. State Funds</b> (Line3, Form 2)	\$ 3,676,035	\$ 2,040,471	\$ 1,784,133	\$	\$ 2,291,092	\$
<b>4. Local MCH Funds</b> (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
<b>5. Other Funds</b> (Line5, Form 2)	\$ 0	\$ 5,217,395	\$ 4,985,383	\$	\$ 4,461,199	\$
<b>6. Program Income</b> (Line6, Form 2)	\$ 18,186,461	\$ 9,132,248	\$ 16,896,062	\$	\$ 16,926,370	\$
<b>7. Subtotal</b> (Line8, Form 2)	\$ 23,922,496	\$ 18,674,511	\$ 25,996,681	\$ 0	\$ 26,153,082	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> (Line10, Form 2)	\$ 26,566,186	\$ 61,363,046	\$ 48,221,512	\$	\$ 53,953,316	\$
<b>9. Total</b> (Line11, Form 2)	\$ 50,488,682	\$ 80,037,557	\$ 74,218,193	\$ 0	\$ 80,106,398	\$ 0
(STATE MCH BUDGET TOTAL)						

## FORM NOTES FOR FORM 3

None

### FIELD LEVEL NOTES

1. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Title V "08 grant expenditures.
2. **Section Number:** Form3\_Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Includes carryforward from previous period
3. **Section Number:** Form3\_Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Carry-forward from "08 grant period
4. **Section Number:** Form3\_Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Includes carry forward from previous period. Carry forward for 07 higher than expected. Some expenses related to Infants and toddlers were transferred to DHS. State constrains to hire personnel and delays in contracting processes.
5. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Includes state budget cuts and state expenditures from the former Division of Family Health.
6. **Section Number:** Form3\_Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
State Budget cuts
7. **Section Number:** Form3\_Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Includes state expenditures from the former Division of Community, Health and Equity. State expenditures including Tobacco, HIV, Minority Health, Health Homes & Environment accounts, etc
8. **Section Number:** Form3\_Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Represents a decrease in income from adult and child immunization restricted accounts from insurance payments and includes program income for the National Council of Aging (\$21,974).
9. **Section Number:** Form3\_Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Includes all federal accounts under Community, Family Health & Equity. (outcome of merger between the Division of Family Health and the Division of Community, Health & Equity)



**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: RI**

	FY 2005		FY 2006		FY 2007	
<b>I. Federal-State MCH Block Grant Partnership</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>	<b>BUDGETED</b>	<b>EXPENDED</b>
a. Pregnant Women	\$ 723,443	\$ 772,495	\$ 990,052	\$ 970,817	\$ 1,071,062	\$ 653,125
b. Infants < 1 year old	\$ 6,064,613	\$ 2,476,230	\$ 2,866,049	\$ 2,807,823	\$ 4,003,778	\$ 2,172,603
c. Children 1 to 22 years old	\$ 2,370,680	\$ 3,761,170	\$ 4,191,032	\$ 3,846,356	\$ 5,219,123	\$ 6,885,949
d. Children with Special Healthcare Needs	\$ 5,401,124	\$ 2,438,068	\$ 2,528,303	\$ 2,031,882	\$ 2,515,602	\$ 2,205,451
e. Others	\$ 0	\$ 81,865	\$ 49,196	\$ 24,436	\$ 70,400	\$ 196,430
f. Administration	\$ 129,898	\$ 67,013	\$ 121,329	\$ 235,889	\$ 67,526	\$ 173,860
g. SUBTOTAL	\$ 14,689,758	\$ 9,596,841	\$ 10,745,961	\$ 9,917,203	\$ 12,947,491	\$ 12,287,418
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 508,071		\$ 286,322		\$ 0	
b. SSDI	\$ 121,611		\$ 64,286		\$ 99,810	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 208,881		\$ 209,131		\$ 165,277	
e. Healthy Start	\$ 0		\$ 19,679,256		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 19,517,000		\$ 0		\$ 19,604,165	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 4,432,764		\$ 4,308,969		\$ 4,115,844	
j. Education	\$ 3,848,705		\$ 0		\$ 0	
k. Other						
HSRA	\$ 0		\$ 980,243		\$ 375,000	
Medicaid	\$ 0		\$ 0		\$ 1,065,418	
Title x	\$ 0		\$ 0		\$ 1,081,683	
Medicaid Match	\$ 0		\$ 1,246,044		\$ 0	
TITLE X	\$ 1,254,260		\$ 1,180,836		\$ 0	
HRSA	\$ 957,166		\$ 0		\$ 0	
III. SUBTOTAL	\$ 30,848,458		\$ 27,955,087		\$ 26,507,197	

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: RI**

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 1,897,701	\$ 721,110	\$ 1,148,892	\$	\$ 600,836	\$
b. Infants < 1 year old	\$ 6,063,186	\$ 2,101,745	\$ 2,302,639	\$	\$ 2,997,195	\$
c. Children 1 to 22 years old	\$ 8,615,818	\$ 7,260,064	\$ 13,065,815	\$	\$ 1,867,664	\$
d. Children with Special Healthcare Needs	\$ 3,402,086	\$ 2,175,650	\$ 3,120,267	\$	\$ 2,528,664	\$
e. Others	\$ 3,727,413	\$ 5,900,251	\$ 5,915,968	\$	\$ 17,834,418	\$
f. Administration	\$ 216,292	\$ 515,691	\$ 443,100	\$	\$ 324,305	\$
g. SUBTOTAL	\$ 23,922,496	\$ 18,674,511	\$ 25,996,681	\$ 0	\$ 26,153,082	\$ 0
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 110,926		\$ 191,949	
c. CISS	\$ 0		\$ 151,509		\$ 151,291	
d. Abstinence Education	\$ 70,425		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 52,687		\$ 61,324	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 19,702,811		\$ 24,021,092		\$ 25,741,608	
h. AIDS	\$ 0		\$ 7,575,030		\$ 7,978,287	
i. CDC	\$ 4,176,414		\$ 13,025,190		\$ 14,947,290	
j. Education	\$ 0		\$ 187,232		\$ 56,145	
k. Other						
EPA	\$ 0		\$ 293,337		\$ 524,978	
Federal Medicaid	\$ 0		\$ 0		\$ 890,620	
HRSA	\$ 1,663,978		\$ 675,416		\$ 2,083,617	
Other (OSHA, NESHAP)	\$ 0		\$ 562,637		\$ 1,326,207	
federal medicaid	\$ 0		\$ 1,566,456		\$ 0	
Medicaid match	\$ 852,558		\$ 0		\$ 0	
<b>III. SUBTOTAL</b>	\$ 26,566,186		\$ 48,221,512		\$ 53,953,316	

## FORM NOTES FOR FORM 4

None

### FIELD LEVEL NOTES

1. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Decrease in expenditures for pregnant women compared to '08 budget.
2. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Significant increase in services for Children (Vaccines)
3. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
State budget reductions and reduced program income for child immunizations compared to '08 budget.
4. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Significant increase in services for Children (Vaccines)
5. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
State budget cuts for state funded programs including immunization, farmer's market and Kidsnet.
6. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Significant increase in services for Children (Vaccines)
7. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNEExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
State budget cuts for state funded programs including immunization, farmer's market and Kidsnet.
8. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNEExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Significant increase in services for Children (Vaccines)
9. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
State and Program income funds - other populations. Reflects significant increase in Adult Immunizations (\$2.2 M). Other populations include funding for HIV/AIDS, Tobacco, Smoking Cessation, etc.
10. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Significant increase in services for Children (Vaccines)
11. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Increase in Administrative activities related to state budget cuts.
12. **Section Number:** Form4\_I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended

**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Increases in administrative activities related to state budgets cuts

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: RI**

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,328,515	\$ 514,118	\$ 691,427	\$ 300,222	\$ 663,508	\$ 296,338
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 482,631	\$ 1,416,900	\$ 1,369,921	\$ 767,267	\$ 1,776,432	\$ 290,889
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 7,391,122	\$ 5,218,806	\$ 4,248,380	\$ 6,843,290	\$ 7,898,729	\$ 8,299,280
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 5,487,490	\$ 2,447,017	\$ 4,436,233	\$ 2,006,424	\$ 2,608,822	\$ 3,400,911
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 14,689,758	\$ 9,596,841	\$ 10,745,961	\$ 9,917,203	\$ 12,947,491	\$ 12,287,418

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

**STATE: RI**

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 405,866	\$ 1,871,299	\$ 1,173,502	\$	\$ 1,996,609	\$
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 964,137	\$ 724,987	\$ 1,690,156	\$	\$ 613,445	\$
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 20,536,077	\$ 10,901,123	\$ 14,265,753	\$	\$ 17,690,182	\$
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,016,416	\$ 5,177,102	\$ 8,867,270	\$	\$ 5,852,846	\$
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 23,922,496	\$ 18,674,511	\$ 25,996,681	\$ 0	\$ 26,153,082	\$ 0

## FORM NOTES FOR FORM 5

None

### FIELD LEVEL NOTES

1. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Increase in Direct services (HIV/AIDS state account)
2. **Section Number:** Form5\_Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Increase in investments in Enabling services, Population based services and infrastructure building
3. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Decrease in Enabling Services to support increase in direct services and infrastructure building
4. **Section Number:** Form5\_Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Decrease in direct services investments
5. **Section Number:** Form5\_Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Decrease in population based services due to increase in direct services and infrastructure building
6. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2008  
**Field Note:**  
Increase in investments in infrastructure building including \$835,000 from tobacco state funding and \$176,000 in worksite wellness initiatives. Other infrastructive services related to chronic disease, healthy homes and environment, children with special health care needs, etc.
7. **Section Number:** Form5\_Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2007  
**Field Note:**  
Decrease in direct services investments

<b>FORM 6</b>						
<b>NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED</b>						
<small>Sect. 506(a)(2)(B)(iii)</small>						
<b>STATE: RI</b>						
Total Births by Occurrence: <u>12,758</u>				Reporting Year: 2008		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	<u>12,758</u>	<u>100</u>	<u>39</u>	<u>1</u>	<u>0</u>	<u>0</u>
Congenital Hypothyroidism	<u>12,758</u>	<u>100</u>	<u>165</u>	<u>17</u>	<u>17</u>	<u>100</u>
Galactosemia	<u>12,758</u>	<u>100</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>100</u>
Sickle Cell Disease	<u>12,758</u>	<u>100</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>100</u>
<b>Other Screening (Specify)</b>						
Biotinidase Deficiency	<u>12,758</u>	<u>100</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>100</u>
Cystic Fibrosis	<u>12,758</u>	<u>100</u>	<u>4</u>	<u>4</u>	<u>4</u>	<u>100</u>
Homocystinuria	<u>12,758</u>	<u>100</u>	<u>53</u>	<u>0</u>	<u>0</u>	
Maple Syrup Urine Disease	<u>12,758</u>	<u>100</u>	<u>17</u>	<u>0</u>	<u>0</u>	
MCAD	<u>12,758</u>	<u>100</u>	<u>2</u>	<u>1</u>	<u>1</u>	<u>100</u>
Congenital Adrenal Hyperplasia (CAH)	<u>12,758</u>	<u>100</u>	<u>136</u>	<u>0</u>	<u>0</u>	
Hemoglobinopathies [Non Sickling]	<u>12,758</u>	<u>100</u>	<u>5</u>	<u>5</u>	<u>0</u>	<u>0</u>
Metabolic Conditions [3MCC]	<u>12,758</u>	<u>100</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>100</u>
<b>Screening Programs for Older Children &amp; Women (Specify Tests by name)</b>						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						



## FORM NOTES FOR FORM 6

Total occurrence births for 2008 is estimated at 12803, however 45 infants died within hours of birth and were not screened.  
The 12,758 total is estimated.

### FIELD LEVEL NOTES

1. **Section Number:** Form6\_Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurence  
**Column Name:** Total Births By Occurence  
**Year:** 2010  
**Field Note:**  
Total occurrence births for 2008, is provisional.
2. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens, number of confirmed cases and the number that received treatment is the same number.
3. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_OneScreenNo  
**Row Name:** SickCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens, number of confirmed cases and the number that received treatment is the same number.
4. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Presumptive  
**Row Name:** Galactosemia  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens, number of confirmed cases and the number that received treatment is the same number.
5. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_Presumptive  
**Row Name:** SickCellDisease  
**Column Name:** Presumptive positive screens  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens, number of confirmed cases and the number that received treatment is the same number.
6. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_Confirmed  
**Row Name:** Galactosemia  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens, number of confirmed cases and the number that received treatment is the same number.
7. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_Confirmed  
**Row Name:** SickCellDisease  
**Column Name:** Confirmed Cases  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens, number of confirmed cases and the number that received treatment is the same number.
8. **Section Number:** Form6\_Main  
**Field Name:** Galactosemia\_TreatmentNo  
**Row Name:** Galactosemia  
**Column Name:** Needing treatment that received treatment  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens, number of confirmed cases and the number that received treatment is the same number.
9. **Section Number:** Form6\_Main  
**Field Name:** SickCellDisease\_TreatmentNo  
**Row Name:** SickCellDisease  
**Column Name:** Needing treatment that received treatment  
**Year:** 2010  
**Field Note:**  
The number of presumptive positive screens, number of confirmed cases and the number that received treatment is the same number.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

[Sec. 506(a)(2)(A)(i-ii)]

**STATE: RI**

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	8,406	84.1		3.0	12.9	0.0
Infants < 1 year old	12,803	43.7		54.9	1.0	0.5
Children 1 to 22 years old	33,170	30.5		63.6	5.9	0.0
Children with Special Healthcare Needs	8,858	58.7		37.8	3.2	0.6
Others	12,661	41.0		19.7	39.2	0.0
<b>TOTAL</b>	<b>75,898</b>					

**FORM NOTES FOR FORM 7**

Data are estimated and reflect calendar year.  
Unduplicated count is not yet possible.

'Other' in column A, includes Family Planning Services provided to non pregnant women aged 23 and older as well as services provided to adults.

Title V program data does not capture Title XXI as a separate category. Title XXI is part of Rhode Island's extended Medicaid/Rlte Care Plan and serves children aged 8-18. These children would be reported under the Title XIX column.

**FIELD LEVEL NOTES**

None

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: RI**

Reporting Year: 2007

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	13,191	11,040	1,247	165	555		127	57
Title V Served	13,191	11,040	1,247	165	555		127	57
Eligible for Title XIX	5,763	4,460	856	122	211		87	27
<b>INFANTS</b>								
Total Infants in State	12,365	10,285	1,225	155	525		123	52
Title V Served	12,016	9,967	1,209	155	513		123	49
Eligible for Title XIX	5,657	4,377	843	119	206		87	25

**II. UNDUPLICATED COUNT BY ETHNICITY**

				<b>HISPANIC OR LATINO (Sub-categories by country or area of origin)</b>				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	8,204	2,610	2,377	181	18	799	1,514	98
Title V Served	8,204	2,610	2,377	181	18	799	1,514	98
Eligible for Title XIX	2,896	2,020	847	142	8	659	1,145	66
<b>INFANTS</b>								
Total Infants in State	7,602	2,585	2,178	181	18	792	1,498	96
Title V Served	7,318	2,566	2,132	178	18	784	1,491	95
Eligible for Title XIX	2,812	2,012	833	142	8	656	1,140	66

**FORM NOTES FOR FORM 8**

Birth file for 2008 is not available, therefore 2007 birth data has been entered.

Approximately 450-520 resident births occur out-of-state and insurance status is seldom reported on these births. Therefore, 'TITLE V SERVED' and 'ELIGIBLE FOR XIX' , reflect only resident births born in Rhode Island.

**FIELD LEVEL NOTES**

None

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: RI**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 942-7434	(800) 942-7434	(800) 942-7434	(800) 942-7434	(800) 942-7434
2. State MCH Toll-Free "Hotline" Name	Rhode Island Department of Health Information Line	Rhode Island Department of Health Information Line	Family Health Information Line	Family Health Information Line	Family Health Information Line
3. Name of Contact Person for State MCH "Hotline"	Margarita Jaramillo	Margarita Jaramillo	Margarita Jaramillo	Andrea Bagnall-Degos	Andrea Bagnall-Degos
4. Contact Person's Telephone Number	(401) 222-5981	(401) 222-5981	(401) 222-5981	(401) 222-4614	(401) 222-4614
5. Contact Person's Email	Margarita.Jaramillo@hea				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	28,790	6,590	3,220

**FORM 9**  
**STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)**  
[SECS. 505(A)(E) AND 509(A)(8)]  
**STATE: RI**

	<b>FY 2010</b>	<b>FY 2009</b>	<b>FY 2008</b>	<b>FY 2007</b>	<b>FY 2006</b>
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

**FORM NOTES FOR FORM 9**

Total number of calls reflect calendar year.

in 2008, the Health Information Line became the single point of entry for most calls coming into the Department of Health.

Of the 28,783 calls 1,035 [3.6%] were in Spanish; 26,162 [90.9%] were from consumers and 2,140 [7.4] from health care providers. Approximately 6,000 calls were concerning Family Health Programs [Lead, Immunization, Kidsnet, Dental, etc]; 8,321 calls were for Vital Records and about 3,195 calls were for licensing.

**FIELD LEVEL NOTES**

None

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2010**  
*[SEC. 506(A)(1)]*  
**STATE: RI**

1. State MCH Administration:  
(max 2500 characters)

RI Department of Health, Division of Community, Family Health and Equity administers RI's Title V Program. It strives to preserve, protect and promote the health and development of all women of maternal age, children and families with a goal of reducing and preventing diseases and disabilities. The Division develops and supports community-based programs and systems of care that address the health and development needs for all children and their families, evaluates the health and development of children with a focus on policy development and planning, and invests in information, education, public engagement, and community partnership development with a focus on prevention. The Division involved parents in all aspects of Community, Family Health and Equity activities. The Division is home to several major public health programs and services for children and families, including WIC, Immunization, Lead Poisoning Prevention, Newborn Screening, Special Health Care Needs and Family Planning.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,860,000
3. Unobligated balance (Line 2, Form 2)	\$ 614,421
4. State Funds (Line 3, Form 2)	\$ 2,291,092
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 4,461,199
7. Program Income (Line 6, Form 2)	\$ 16,926,370
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ 26,153,082</b>

9. Most significant providers receiving MCH funds:

Rhode Island Parent Information Network
Visiting Nurse Agencies
Family Planning Agencies

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	8,406
b. Infants < 1 year old	12,803
c. Children 1 to 22 years old	33,170
d. CSHCN	8,858
e. Others	12,661

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
(max 2500 characters)

Practice Enhancement Project: The PPEP promotes the medical home model of care by fostering partnerships among families, pediatric practices, and available community resources. The project assists and supports pediatric primary and specialty care practices in providing improved short and long-term health outcomes for children with special health care needs and their families within a medical home. The project places and support trained Parent Consultants in clinical settings to link families with community resources, assist physicians and families in accessing specialty services, and identify systems barriers to coordinated care. The primary role of the Parent Consultant is to create linkages between the family, pediatric practice, and the community as a whole. Women's Health Screening & Referral Program: Provides no cost pregnancy testing to uninsured women and a comprehensive health risk screening and follow-up to uninsured and insured women receiving pregnancy tests in Title X agencies. Healthy Teens Project: A CFHE integrated project through the Perinatal and Early Childhood Team and the Health Promotion and Wellness Team, in collaboration with the Family Planning Program, the HIV/AIDS program, the Office for Minority Health, and the Center for Epidemiology will support a community driven neighborhood team in Providence, Rhode Island, in developing and implementing a coordinated, comprehensive community driven approach to preventing unhealthy risk taking behaviors, and to fostering resiliency and positive health habits in youth and families. Childcare Support Network: MHC provides mental health consultants on-site for technical assistance to child care centers to increase quality and reduce the exclusion rate of children in child care.

b. Population-Based Services:  
(max 2500 characters)

Maternal Tobacco Cessation Program: Collaboration between the Tobacco Control Program, the Minority Health Program, the Family Planning Program (Women's Health Screening & Referral Program), the Maternal & Child Health Program (the MCH database, Association of Maternal & Child Health Programs and the Title V-created Rhode Island Task Force on Prematurity (chaired by Women & Infants Hospital of Rhode Island), RI Public Health Institute, RI PRAMS, the national Association of Obstetricians & Gynecologists (ACOG), Quality Partners of Rhode Island and the Centers for Disease Control & Prevention (CDC). The new MCH "10 project will provide training to the state's existing Quit Works tobacco cessation specialists and enhance tobacco cessation services targeting pregnant and postpartum women, will change the current intake protocols for the state's smoking cessation telephone Quit Line resource to better serve pregnant and postpartum women, and will develop and disseminate educational materials. Newborn Screening Program (NBSP): Assures early screening, diagnosis and intervention for all newborns born in RI. The program provides screening and follow-up for 29 inherited conditions, including hearing screening. The program also screens newborns for medical, social and economic risk factors for developmental delay. The Family Outreach Program provides follow-up for the NBSP to ensure that newborns with metabolic disorders, hearing loss, or developmental risks are connected to appropriate medical and social services. Newborn Screening data is housed in KIDSNET, the state's confidential, computerized child health information system. Immunization Program: The Immunization Program provides at no cost all recommended childhood vaccines to Vaccine for Children Program-enrolled pediatricians and family practitioners statewide. Outreach and culturally appropriate immunization education activities for children are featured throughout the state. The program primarily targets low-income children and adolescents living in racially/ethnically diverse communities. The Immunization Program links with other Division of Family Health programs to ensure that children who are most at risk for under-immunization are reached. RI currently enjoys one of the highest childhood immunization rates in the nation. The program also supports the Vaccinate Before You Graduate initiative that provides vaccines to high school seniors at participating schools.

c. Infrastructure Building Services:  
(max 2500 characters)



KIDSNET: KIDSNET is RI's confidential, computerized child health information system. KIDSNET serves families, pediatric providers and public health programs, including Immunization, WIC, Early Intervention, and many others. The purpose of KIDSNET is to help make sure that all children in RI are as healthy as possible by getting the right health screening and preventive care at the right time. KIDSNET started collecting information from all births in RI on January 1, 1997. KIDSNET also obtains information about children born out of state if they see a RI participating doctor or receive services at a KIDSNET participating program. For health care providers and other authorized users, KIDSNET provides easy access to key patient information including immunization records, results from metabolic, hearing and developmental risk assessments for newborns, results from lead tests, and other information such as home visiting and participation in the Early Intervention and WIC Programs. KIDSNET allows users to run lists of patients who are behind on immunizations. Successful Start Early Childhood Systems Initiative: Successful Start is a statewide collaborative effort to strengthen RI's system of service for young children and families. The project is focused on four critical domains of early childhood health and development; Early Care & Education, Medical Homes/Health Care, Parent Education & Family Support, and Social-Emotional Development. The Successful Start Early Childhood Systems Plan is the result of a two-year strategic planning and systems-building process undertaken by an enthusiastic group of partners working to improve RI's system of services for young children and families. Successful Start goals focus on effective state policies and systems changes that are likely to have the greatest positive impact on children and families statewide and in local communities. Peer Assisted Health Initiative: The Peer Assisted Health Initiative is a medical home enhancement project that supports people with disabilities in select primary and specialty care practices. Through the PAHI, RI is supporting practices to be medical homes for young adults and adults with disabilities, chronic conditions and special health care needs. The PAHI places adults with disabilities in select primary and specialty care practices to assist the physician in coordinating services and the consumer in self-management of their disability / chronic condition.

12. The primary Title V Program contact person:

Name	Ana Novais
Title	Executive Director of Health
Address	3 Capitol Hill, room 408
City	Providence
State	RI
Zip	02908
Phone	401-222-5117
Fax	401-273-4350
Email	Ana.Novais@health.ri.gov
Web	

13. The children with special health care needs (CSHCN) contact person:

Name	Deborah Garneau
Title	Chief, Spec Health Care Needs
Address	3 Capitol Hill room 302
City	Providence
State	RI
Zip	02908
Phone	401-222-5929
Fax	401-222-1442
Email	Deborah.Garneau@health.ri.gov
Web	

## FORM NOTES FOR FORM 10

None

### FIELD LEVEL NOTES

1. **Section Number:** Form10\_Most significant providers receiving MCH funds  
**Field Name:** ProviderFund1  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Parent Consultant Program, Family Voices Program, Peer Assisted Health Initiative (PAHI), Adolescent Healthcare Transition, Pediatric Practice Enhancement Project
2. **Section Number:** Form10\_Most significant providers receiving MCH funds  
**Field Name:** ProviderFund2  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Newborn Screening Services and Childcare Support Networks (Provides technical assistance to child care providers around improving the quality of childcare programs and also provides mental health consultation to child care providers).
3. **Section Number:** Form10\_Most significant providers receiving MCH funds  
**Field Name:** ProviderFund3  
**Row Name:**  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Women's Health Screening & Referral Program and Title X supported agencies

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: RI**

**Form Level Notes for Form 11**

Most data are reported for calendar year. 2008 birth data are estimated and 2007 data are considered provisional. Previous years of data are updated when numbers are finalized. 2000 US Census was used for years prior to 2004. 2005 Rhode Island Projections were used for 2004 and 2005. Starting with 2006, US Census estimates are used else other source will be listed.

**PERFORMANCE MEASURE # 01**

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	99.2	99.5	99.5	99.5	99.6
<b>Annual Indicator</b>	100.0	100.0	100.0	100.0	100.0
<b>Numerator</b>	22	19	20	33	37
<b>Denominator</b>	22	19	20	33	37
<b>Data Source</b>					Newborn Screening Blood Spot DB
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	99.6	99.6	99.6	99.6	97.3
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #1

**Field Name:** PM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Annual indicator continues to be 100%. Rhode Island is successful in making sure infants receive appropriate follow up.

In 2008, 5 infants were confirmed with Hemoglobinopathies [non sickling]. The infants did not require any treatment. Therefore, the numerator includes these 5 infants, since they did receive the appropriate follow up.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	68.6	68.6	70	70	61.4
Annual Indicator	68.6	68.6	68.6	61.4	61.4
Numerator					
Denominator					
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	61.4	61.4	63	63	63
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**Data Discussion:**

According to data from the 2005/2006 National Survey of Children with Special Health Care Needs (NS-CSHCN), 61.4% of families of CSHCN reported they are partners in decision making at all levels, and are satisfied with the services they receive. While this data represents a decline from the 2001 NS-CSHCN figure of 68.6%, RI remains significantly higher than the national average of 57.4%. As was discussed earlier in this application, RI's social welfare system has been under significant stress over the last several years. Difficult decisions to cut or limit eligibility to services and supports were made without much family and provider input, leaving consumers feeling disempowered.

**2. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**3. Section Number:** Form11\_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	53.9	53.9	55.2	55.2	50.9
<b>Annual Indicator</b>	53.9	53.9	53.9	50.9	50.9
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					CSHCN survey

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	50.9	50.9	55.5	55.5	55.5
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

**Data Discussion:**

Data from the 2005/2006 National Survey of CSHCN indicate that 50.9% of CSHCN received coordinated, ongoing and comprehensive care within a medical home. While this represents a slight decline from the 2001 survey figure of 53.9%, RI's data remains well above the national average of 47.1%. As RI faces state budget constraints from a failing economy, systems of care for children and youth with special health care needs are threatened and fragmented.

2. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11\_Performance Measure #3

**Field Name:** PM03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	68.9	68.9	70.2	70.2	68.2
Annual Indicator	68.9	68.9	68.9	68.2	68.2
Numerator					
Denominator					
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	68.2	68.1	70.2	70.2	70.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**Data Discussion:**

Data from the 2005/2006 National Survey of CSHCN indicates that 68.1% of families with CSHCN have adequate private and/or public insurance to pay for the services they need. This percentage is largely consistent with the 2001 National Survey results of 68.9%. RI has a high rate of insured children as a result of the state's collective commitment to the RItCare Program. This performance measure reminds RI that insurance status alone does not mean that families can pay for all the services they need.

**2. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

**3. Section Number:** Form11\_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	78.8	78.8	80	80	87.6
<b>Annual Indicator</b>	78.8	78.8	78.8	87.6	87.6
<b>Numerator</b>					
<b>Denominator</b>					
<b>Data Source</b>					CSHCN survey
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b> <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
<b>Is the Data Provisional or Final?</b>				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	87.6	87.6	80	80	80
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

**Data Discussion:**

According to the 2005/2006 National Survey of CSHCN, 87.6% of families of CSHCN reported that services are organized in ways they can be easily used. While this represents an 11.2% increase from the 2001 figure of 78.8%, RI remains lower than the national average of 89.1%. Over the past several years, RI state government has undergone a consolidation and reorganization process and developed a few key points of entry into the system. More attention to informing families of these centralized resources is required for RI to improve on this measure.

**2. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

**3. Section Number:** Form11\_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	5.8	6.4	6.4	37.6
Annual Indicator	5.8	5.8	5.8	37.6	37.6
Numerator					
Denominator					
Data Source					CSHCN survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	37.6	37.6	38.4	38.4	38.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**Data Discussion:**

According to the NS-CSHCN, youth with SHCN who received the services necessary to make appropriate transitions to adult health care, work and independence was 37.6% in 2005/2006. RI's percentage remains lower than the national average of 41.2%. Increasing the successful transition from pediatric to adult healthcare has been identified by the DCFHE as a primary objective.

**2. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

**3. Section Number:** Form11\_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.



**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>	87.7	86.5	86.5	80.5	84.5
<b>Annual Indicator</b>	86.7	83.1	82.2	80.0	79.5
<b>Numerator</b>	11,180	10,968	10,504	10,152	9,834
<b>Denominator</b>	12,895	13,199	12,778	12,690	12,370
<b>Data Source</b>					National Immunization Survey
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	80.9	80.9	81	81.5	82
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 is estimated. According to the 2008 NIS data, 79.5% were vaccinated, which was very similar to the coverage rate of 80.0% for 2007. The coverage rates declined significantly when comparing to 2004, but Rhode Island still meets the Healthy People 2010 target for the PM at 80%.

Data for this performance measure reflects the 4:3:1:3:3 series collected through the National Immunization Survey. Denominator is estimated based on number of resident births that occurred two years prior.

Children in the 2008 NIS were born between January 2005 and June 2007.

**2. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 is estimated.

Data for this performance measure reflects the 4:3:1:3:3 series collected through the National Immunization Survey.

Denominator is estimated based on number of resident births that occurred two years prior.

**3. Section Number:** Form11\_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 is provisional.

Data for this performance measure reflects the 4:3:1:3:3 series collected through the National Immunization Survey. Data will be updated when final survey results are available.

Denominator is estimated based on number of resident births that occurred two years prior.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	21	20.5	18.3	19.3	18.3
Annual Indicator	18.3	18.3	18.1	18.0	18.3
Numerator	361	361	388	386	391
Denominator	19,730	19,730	21,390	21,390	21,390

Data Source

Estimated

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	18	18.3	18.7	18.5	18

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008: Based on the estimates used, the birth rates for teens aged 15-17 per 1,000 for 2005 - 2008 has remained stable.

Birth data for 2008 is estimated and the US Census Estimates were used for the denominator.

**2. Section Number:** Form11\_Performance Measure #8

**Field Name:** PM08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007: Provisional data indicate that the birth rates for teens aged 15-17 per 1,000 for 2004 - 2007 has remained stable.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	51.7	51.9	54	34.3	36.3
Annual Indicator	31.4	32.7	33.2	36.3	36.3
Numerator	4,600	4,780	4,230	4,625	4,625
Denominator	14,628	14,628	12,740	12,740	12,740
Data Source					Oral Health Program
Do not report the numerator because there were fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	36.9	36.3	36.9	37.2	37.2
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Due to the fact that services and population have not changed, data for 2008 are estimated to be the same as 2007.

The Basic Screening Survey (BSS) was conducted in the fall of 2007. The BSS was funded by the CDC and conducted in 35 States.

In Rhode Island, 31 public elementary schools were randomly selected and 66 percent of the enrolled 3rd grade students were screened. The actual number of 3rd graders screened was 1303.

Denominator from US Census estimate.

**2. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The Basic Screening Survey (BSS) was conducted in the fall of 2007. The BSS was funded by the CDC and conducted in 35 States.

In Rhode Island, 31 public elementary schools were randomly selected and 66 percent of the enrolled 3rd grade students were screened. The actual number of 3rd graders screened was 1303.

Denominator from US Census estimate.

**3. Section Number:** Form11\_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data are estimated.

Denominator from US Census estimate.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.5	1.5	1.5	1.5
Annual Indicator					
Numerator					
Denominator	186,874	186,874	181,152	181,152	181,152
Data Source					Vital Records Death File
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.5	1.5	1.5	1.5	1.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 are estimated and reflect children aged 1 -14.

Denominator is from the US Census Estimates.

Issue: Rhode Island has not been able to report on PM 10 due to the number of events. There are fewer than 5 events over the last year and the average of the last 3 years is also fewer than 5.

When 2008 file in final, data might change.

**2. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data are for children aged 1 -14.

Denominator is from the US Census Estimates.

**3. Section Number:** Form11\_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data are for children aged 1 -14.

Denominator is from the US Census Estimates.

**PERFORMANCE MEASURE # 11**

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			28.5	31.5	32.5
Annual Indicator	28.3	32.9	35.4	43.4	40.4
Numerator	3,616	4,175	4,523	5,507	4,997
Denominator	12,778	12,690	12,778	12,690	12,370
Data Source					National Immunization Survey
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>42.5</u>	<u>42.5</u>	<u>43.2</u>	<u>43.5</u>	<u>44.5</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data Source: National Immunization Survey [NIS]. The years presented in the above table reflect the survey year. Children surveyed each year were born about 2 years prior to survey. Therefore, denominator reflects Rhode Island resident births for 2006.

Data for 2008 are provisional and an estimate from the 2008 NIS. Based on the 95% CI, the rate declined from 2007 to 2008 but is not considered statistically significant. According to the 2008 NIS survey, 40.4% of Rhode Island women breastfed their infants at 6 months of age compared to 43.4% in 2007.

**2. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data Source: National Immunization Survey [NIS]. The years presented in the above table reflect the survey year. Children surveyed each year were born about 2 years prior to survey. Therefore, denominator reflects Rhode Island resident births for 2005

Data for 2007 are final and based on the 95% CI, the rate increased from 2006 to 2007, however it was not statistically significant. According to the 2007 NIS survey, 43.4% of Rhode Island women breastfed their infants at 6 months of age compared to 35.4% in 2006.

The 35.4% reflects the updates rate from NIS for 2006, which I was unable to enter.

**3. Section Number:** Form11\_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 are final and denominator reflects 2004 births. According to the 2006 NIS survey, 35.4% of RI women breast-fed their infants at 6 months of age, compared to 35.1% in 2005. The CI reflects no change in the rate from 2005 to 2006.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	99.3	99.5	99.5	96.5	97.3
<b>Annual Indicator</b>	99.6	99.4	98.7	98.8	98.8
<b>Numerator</b>	13,468	13,336	12,960	12,971	12,608
<b>Denominator</b>	13,521	13,416	13,127	13,133	12,758

**Data Source**Universal NewBorn  
Screening

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	98.9	98.8	98.8	98.8	98.8
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008: Rhode Island continues to screen at least 98.8 % of infants for hearing. At the time of this report not all hearing tests were linked to infants.

Data for 2008 was provided by the Kidsnet Database [Universal NewBorn Screening] and reflects total screened before DISCHARGE.

Denominator reflects births occurring in Rhode Island minus 45 infants deaths.

**2. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 was provided by the Kidsnet Database and reflects total screened before DISCHARGE.

Denominator reflects births occurring in Rhode Island minus 58 infants deaths.

**3. Section Number:** Form11\_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 was provided by the Family Health's Kidsnet Database and reflects total screened before DISCHARGE. Data for 2001 through 2005 were provided by the Rhode Island Hearing Assessment Program [RIHAP] which was unable to select infants screened before discharge.

Denominator reflects births occurring in Rhode Island minus 53 infants deaths.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	4.7	5.4	7.2	7.5	5.7
Annual Indicator	7.2	7.6	4.1	8.8	8.8
Numerator	18,180	19,114	9,735	21,000	21,000
Denominator	252,500	251,500	237,451	238,000	238,000
Data Source					CPS - Table HIA-5

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	8.8	8.8	7.6	7.6	7.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 Data are estimated and reflect the same percent of children aged 0-17 without health insurance for both 2007 and 2008.

Data is from US Census Bureau March Current Population Survey [CPS]:

Table HIA-5: Health Insurance Coverage Status and Type of Coverage by State - Children under 18. Data are updated to reflect the most recent tables provided.

**2. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 Data are estimated.

Data is from US Census Bureau March Current Population Survey [CPS]:

Table HIA-5: Health Insurance Coverage Status and Type of Coverage by State - Children under 18. Data are updated to reflect the most recent tables provided.

**3. Section Number:** Form11\_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is from US Census Bureau March Current Population Survey [CPS]:

Table HIA-5: Health Insurance Coverage Status and Type of Coverage by State - Children under 18. Data are updated to reflect the most recent tables provided.

**PERFORMANCE MEASURE # 14**

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>			42.3	36.2	35.9
<b>Annual Indicator</b>		42.0	35.6	35.6	34.3
<b>Numerator</b>		4,930	3,826	4,443	4,629
<b>Denominator</b>		11,737	10,753	12,482	13,498
<b>Data Source</b>					WIC Database

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	32.3	32.3	33.8	33.8	33.8
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

According to 2008 WIC data, 34.3% of children aged 24 to 59 months of age enrolled in the WIC Program had BMI's at or above the 85th percentile.

Since 2006, when the Rhode Island WIC data system changed to collect more accurate data by reducing duplicates, the percentage of WIC children who were overweight has remained stable.

Records with missing data (age, gender, height or weight ) are excluded in both numerator and denominator.

**2. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data reflects children aged 24 to 59 months old. Rhode Island's WIC data system changed in June 2006. The new system retains the same child idnum which reduces duplicates.

**3. Section Number:** Form11\_Performance Measure #14

**Field Name:** PM14

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data reflects children aged 24 to 59 months old. Rhode Island's WIC data system changed in June 2006. The new system retains the same child idnum which reduces duplicates.

Unable to revise data for 2005. Data for 2005 should be:

Performance Indicator 35.8%

Numerator 4207

Denominator 11750



**PERFORMANCE MEASURE # 15**

Percentage of women who smoke in the last three months of pregnancy.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>			11.7	11.5	12.9
<b>Annual Indicator</b>	11.3	11.7	13.4	12.4	12.4
<b>Numerator</b>	1,359	1,382	1,548	1,432	1,432
<b>Denominator</b>	12,024	11,827	11,520	11,542	11,542

Data Source

PRAMS

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	11.4	11.4	11.7	11.4	11.4
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data are estimated using the results of 2007 PRAMS data.

Estimated trend indicates no change in percent of women who smoked in the last three months of their pregnancy.

Data collection for 2008 PRAMS will not be completed until end of July 2009 and the weighted data for 2009 will not be available until the winter 2009.

2. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

The Confidence Interval (95% Confidence Level) for 2004 - 2007, indicate that the percentage of women who smoked in the last three months of their pregnancy remained stable.

3. **Section Number:** Form11\_Performance Measure #15

**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 are estimated..

Data for PRAMS 2006 will not be completed until July 2007 and the weighted data for 2006 will not be available to states until Spring of 2008.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	4	4	5.3	5	3.7
Annual Indicator	9.3				
Numerator	7				
Denominator	75,445	82,818	81,557	81,557	81,557
Data Source					Vital Records Death File
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	3.7	3.7	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 are estimated and reflect children aged 1 -14.

Denominator is from the US Census Estimates.

Issue: Rhode Island has not been able to report on PM 16 due to the number of events. There are fewer than 5 events over the last year and the average of the last 3 years is also fewer than 5.

When 2008 file is final, data might change.

**2. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2007**Field Note:**

The US Census estimates for 2006 are used for 2006 and 2007.

Data are provisional and to date, there are 15 events for the year and the average of the last 3 years [2005-2007] is 15 events.

**3. Section Number:** Form11\_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2006**Field Note:**

Due to small numbers, this performance measure fluctuates from year to year.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	93.5	93.5	94.2	94.2	92.8
Annual Indicator	93.0	90.6	91.8	92.5	92.5
Numerator	173	173	168	198	198
Denominator	186	191	183	214	214
Data Source					Birth Records, Estimated
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	94.5	94.5	95	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Percent of VLBW infants delivered at facilities for high-risk deliveries is estimated to be the same (92.5%) for both 2007 and 2008. Data will be updated when final birth file received for 2008.

Data reflects VLBW babies born in Rhode Island hospitals to Rhode Island residents. Hospital of birth is not entered for Rhode Island resident births occurring out-of-state.

**2. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 indicate a slight increase in the number of VLBW babies born in high-risk facilities.

Data reflects VLBW babies born in Rhode Island hospitals to Rhode Island residents. Hospital of birth is not entered for Rhode Island resident births occurring out-of-state.

**3. Section Number:** Form11\_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data reflects VLBW babies born in Rhode Island hospitals to Rhode Island residents. Hospital of birth is not entered for RI resident births occurring out-of-state.

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	91.8	90.2	89.4	85	82.5
<b>Annual Indicator</b>	89.6	89.8	84.5	82.1	82.1
<b>Numerator</b>	10,759	10,541	10,211	9,909	9,757
<b>Denominator</b>	12,002	11,744	12,086	12,064	11,885

**Data Source**Birth Records,  
Estimated

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

**Is the Data Provisional or Final?**

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
<b>Annual Performance Objective</b>	84.5	84.5	85	85	85
<b>Annual Indicator</b>					
<b>Numerator</b>	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
<b>Denominator</b>					

**Field Level Notes****1. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 is estimated and reflects the same percent for both 2007 and 2008. Data for 2008 will be updated when final birth file is received.

The decline in infants born to pregnant women receiving prenatal care beginning in the first trimester began in 2006. Starting in 2006, the source for Month Prenatal Care Began, changed from mother's work sheet (self-reported) to OB chart provided to hospitals of birth. Birth records with unknown or missing 'month of prenatal care' are excluded from the denominator.

**2. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 reflects calendar year and are provisional.

Starting in 2006, source for Month Prenatal Care Began, changed from mother's work sheet [self-reported] to OB chart provided hospital of birth.

Birth records with unknown or missing 'month of prenatal care' are excluded from the denominator.

**3. Section Number:** Form11\_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

Starting in 2006, source for Month Prenatal Care Began, changed from mother's work sheet [self-reported] to OB chart provided hospital of birth.

Birth records with unknown or missing 'month of prenatal care' are excluded from the denominator.

**STATE PERFORMANCE MEASURE # 1**

Percent of PRAMS population who had a diagnosis of depression before or during pregnancy.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			15.2	15.2	13.7
Annual Indicator	14.8	12.4	14.6	14.2	14.2
Numerator	221	1,465	1,653	1,627	1,627
Denominator	1,498	11,802	11,334	11,452	11,452
Data Source					PRAMS Survey
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	14.2	13.2	13.2	13.2	13.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Since collection of PRAMS surveys for 2008 is not yet complete, 2008 data are estimate. It is estimated that data will show trend to remain about the same. Data for 2008 will be updated when final file is received.

- Section Number:** Form11\_State Performance Measure #1

**Field Name:** SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

The Confidence Interval (95% Confidence Level) for 2004 - 2007, indicate that the percent of women who had a diagnosis of depression before or during pregnancy remained stable.

**STATE PERFORMANCE MEASURE # 2**

Percent of children aged 2-5 enrolled in the WIC Program with BMI's &gt;=95th percentile

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective			23.2	18.2	17.7
Annual Indicator	19.1	18.7	17.2	17.4	17.2
Numerator	2,219	2,195	1,854	2,167	2,318
Denominator	11,640	11,750	10,753	12,482	13,498
Data Source					WIC Database
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	17.2	17.2	17.2	17	16.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

According to 2008 WIC data, 17.2% of children aged 24 to 59 months of age enrolled in the WIC Program had BMI's ge 95th percentile.

Since 2006, when the Rhode Island WIC data system changed to collect more accurate data by reducing duplicates, the percentage of WIC children who were overweight has remained stable.

Records with missing data (age, gender, height or weight ) are excluded in both numerator and denominator.

**2. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data reflects children aged 24 to 59 months old. Rhode Island's WIC data system changed in June 2006. The new system retains the same child idnum which reduces duplicates

**3. Section Number:** Form11\_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data reflects children aged 24 to 59 months old. Rhode Island's WIC data system changed in June 2006. The new system retains the same child idnum which reduces duplicates

**STATE PERFORMANCE MEASURE # 3**

Percent of Rhode Island resident families with at-risk newborns that received a home visit from the Family Outreach Program within the newborn period (&lt;=90 days)

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	54	54.5	55	55	47
Annual Indicator	58.5	56.4	55.8	48.2	54.1
Numerator	3,960	3,894	3,960	3,524	3,980
Denominator	6,768	6,902	7,091	7,309	7,350
Data Source					Universal Newborn Screening
Is the Data Provisional or Final?				Provisional	Provisional

  

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	55	55.2	55.7	55.7	55.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

While data for 2008 is estimated, the data supports the increase of at-risk newborns receiving a home visit within the first 90 days of life.

In 2008 The program that provides home visits to newborns and children under 3 was reconfigured and awarded through a competitive bid process to new vendors. These new vendors are serving new communities and have established relationships with many of the populations in their communities, thus the proportion of children receiving a home visit is up to the normal level (before capacity was reduced in 2007).

**2. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

The number of Rhode Island Resident newborns who received a home visit declined in 2007 because the primary contractor providing the services [VNA Care of NE], decided to close their pediatric service division. Only children with the most significant risk profiles received visits. The capacity of the Home Visiting Program remains to be determined in 2008 due to budget constraints.

Also, the 2007 denominator includes 1923 parents that refused a home visit. Efforts are being made to understand the reasons for the refusal.

**3. Section Number:** Form11\_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006: The denominator includes 1534 parents that refused a home visit.

**STATE PERFORMANCE MEASURE # 4**

Percent of children aged less than 6 who live in the core cities and have blood lead levels at or above 10ug/dL

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	11	10.5	6	5	4.5
Annual Indicator	7.6	5.8	4.7	4.0	3.0
Numerator	1,226	916	746	611	449
Denominator	16,225	15,664	15,721	15,224	14,798
Data Source					Rhode Island Lead Program
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	3	2.8	2.8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

**Field Level Notes**

1. **Section Number:** Form11\_State Performance Measure #4

**Field Name:** SM4

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

The percent of children aged less than 6 who live in the core cities and have blood lead levels at or above 10 mcg/dL, has continued to decrease at the state and national level.

Specific, science-based reasons for the decrease are difficult to identify. It is estimated that the decrease is due to the heightened awareness about the dangers of lead in the population at large, done through local outreach efforts as well as national media, research published in a variety of channels.



**STATE PERFORMANCE MEASURE # 6**

Ratio of the Black or African American prematurity rate to the White prematurity rate

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			1.5	1.4	1.3
Annual Indicator	1.3	1.3	1.2	1.2	1.2
Numerator	12.2	13	12	12.2	12.2
Denominator	9.6	9.9	10.3	10.6	10.6
Data Source					Estimated
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	1.2	1.2	1.2	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 are estimated ,however, the ratio of black prematurity rate compared to the white prematurity rate has remained around 1.3 or 1.2 since 2004.

- Section Number:** Form11\_State Performance Measure #6

**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

The ratio of black prematurity rate compared to the white prematurity rate has remained around 1.3 or 1.2 since 2004.

**STATE PERFORMANCE MEASURE # 7**

Percent of children (who have had at least one immunization from a primary care provider) with complete immunization series (4:3:1:3) and at least one lead screening by age 2

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			55.7	53.2	50.2
Annual Indicator		53.2	51.8	49.5	37.2
Numerator		6,307	6,706	6,164	4,488
Denominator		11,848	12,939	12,460	12,059
Data Source					Kidsnet Data System
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	40.7	43.5	52.2	53.2	53.2
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

Medical Home Indicator Measure (Comprehensive)

2008: The decline of this state performance measure is due to the on going national shortage of HIB and RI Immunization Program switching to 3 doses of HIB in the later part of 2007.

These factors account for the temporary decline of the immunization rates in 2008 and will impact future years.  
The rate when only 2 doses of HIB are considered is 47.6% for 2008.

All children with a most recent address of RI, who have had at least one immunization reported to KIDSNET by a Primary Care Provider are included in this measure. The numerator includes those who have had at least one lead test and completed the 4:3:1:3 (DTP, Polio, MMR, Hib) immunization series by their second birthday. This year's data includes children who were born in 2006 and turned 2 during 2008 .

**2. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Medical Home Indicator Measure (Comprehensive)

See Note for 2006 for complete description.

The numerator includes those who have had at least one lead test and completed the 4:3:1:3 (DTP, Polio, MMR, Hib) immunization series by their second birthday. This year's data includes children who were born in 2005 and turned 2 during 2007 and shows only 50% of children with both the immunization series and a lead test by the second birthday.

**3. Section Number:** Form11\_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Medical Home Indicator Measure (Comprehensive)

All children with a most recent address of RI, who have had at least one immunization reported to KIDSNET by a Primary Care Provider are included in this measure. The numerator includes those who have had at least one lead test and completed the 4:3:1:3 (DTP, Polio, MMR, Hib) immunization series by their second birthday. This year's data includes children who were born in 2004 and turned 2 during 2006 and shows only 53% of children with both the immunization series and a lead test by the second birthday.

It is important to keep in mind that in order for a child to be considered complete for immunization, 11 separate immunizations had to be reported for each child by the second birthday. Failure to report just one of these 11 events means the child is incomplete for immunization. Nationally 40% of children in registries had incomplete immunization records, resulting in lower estimates of vaccine coverage when compared to the National Immunization Survey with provider verified results.

This measure underestimates actual coverage due to data gaps in KIDSNET. Children who have moved into RI and had their Lead test performed out of state may not have the test reported to KIDSNET. However, the largest gap in data can be attributed to missing immunizations. Immunization data may be missing because a provider has failed to report an individual visit, failed to report an immunization history of a new patient, or used an incorrect vaccine code. Children may also be included who have moved out of state prior to finishing their immunization series.

**STATE PERFORMANCE MEASURE # 8**

Percent of at-risk newborns who live in a neighborhood or community with MCH community systems building partnerships

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>			35.5	35.5	36.4
<b>Annual Indicator</b>	35.4	34.4	35.0	36.4	36.5
<b>Numerator</b>	2,434	2,395	2,486	2,685	2,580
<b>Denominator</b>	6,877	6,965	7,112	7,379	7,076
<b>Data Source</b>					Providence Plan
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	36.6	36.8	37.2	37.2	37.4
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

- Section Number:** Form11\_State Performance Measure #8

**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

While data are estimated, the Department of Health believes that the percent of at risk newborns living in a neighborhoods with MCH partnerships has slightly increased as a result of expansion in community partnerships activities.

- Section Number:** Form11\_State Performance Measure #8

**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are estimated.

**STATE PERFORMANCE MEASURE # 9**

Percent of licensed child care providers with on-site health consultants

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	35	40
Annual Indicator			35.0	38.0	38.0
Numerator			148	162	145
Denominator			423	426	382
Data Source					Phone Survey
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	39	40	45	45	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

The department of HEALTH began supporting child care providers to have on site health consultants in 2007.

Results for this State Performance Measure were obtained from a phone survey conducted in February 2009. Results indicate that the percent of licensed child care providers with on-site health consultants remained the same for 2007 and 2008.

**2. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

Results are from a phone survey conducted of licensed child care providers in March 2008.

**3. Section Number:** Form11\_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data are estimated.

This state performance measure continues to serve as a placeholder. In FY 2006 the state released a Request for Proposals to implement a statewide model of health consultation to child care providers. Imbedded within this model was a state child care health consultant. This position is responsible for collecting the data relevant to this performance measure. Due to the poor quality of applications received, no contract was awarded and the RFP has just been re-released in June of 2006. By January of 2007 the information to show status on this performance measure will be available.

**STATE PERFORMANCE MEASURE # 10**

Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

<b>Annual Objective and Performance Data</b>					
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Performance Objective</b>			25.7	25.5	24.2
<b>Annual Indicator</b>	25.7	25.7	25.7	23.6	23.6
<b>Numerator</b>	11,188	12,896	12,896	11,392	11,392
<b>Denominator</b>	43,505	50,241	50,241	48,325	48,325
<b>Data Source</b>					YRBS Survey
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

<b>Annual Objective and Performance Data</b>					
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Annual Performance Objective</b>	24.2	24.8	24.8	24.8	24.8
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Since the YRBS is conducted every other year, data for 2008 are estimated to be the same as 2007. However, there was a decline when comparing the results of YRBS 2005 and YRBS 2007.

**2. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data from YRBS for 2007.

**3. Section Number:** Form11\_State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 is estimated.

The Youth Risk Behavior Survey [YRBS] is conducted every other year. The survey was conducted in 2001, 2003 and 2005.

**STATE PERFORMANCE MEASURE # 11**

Percent of families of CSHCN served by the Pediatric Practice Enhancement Project (PPEP).

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective					6
Annual Indicator		1.8	3.1	5.3	7.7
Numerator		740	1,292	2,200	3,209
Denominator		41,783	41,783	41,783	41,783
Data Source					Pediatric Practice Enhancement Project
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	7.7	7.7	6.9	7.1	7.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form11\_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

The percent of families of CSHCN served by the Pediatric Practice Enhancement Project (PPEP) increased to 7.7% in 2008.

Since the inception of the PPEP in 2004, the number of practices and families served has grown on an annual basis. Children and youth with special healthcare needs and their families participating in the PPEP receive peer support, assistance in accessing community resources and identify barriers to an integrated system of care. An analysis of the PPEP revealed that PPEP participants utilize more healthcare at overall lower healthcare costs, since they use less institutional level care and more outpatient services.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: RI**

**Form Level Notes for Form 12**

Data for 2008 are considered provisional unless labeled estimate. All outcome measures reflect Rhode Island resident data . Updates are made to previous years when data are available. Mother's race is used for infant mortality rates by race. If mother's race is unknown then Infant's race listed on the death file is used. Data Source for the Outcome Measures are Vital Records Birth, Death and Fetal Death Files.

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	6.1	6.1	6.2	6.2	6.7
Annual Indicator	5.3	6.5	6.0	7.3	5.7
Numerator	68	82	74	90	69
Denominator	12,778	12,690	12,370	12,365	12,032
Data Source					Vital Records

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	5.7	6.5	6.3	6.3	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 1

**Field Name:** OM01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 are provisional but indicate that infant mortality rate is declining. However, small numbers impact results and final results may differ. Since 2000, infant mortality for 2007 at 7.3 was the highest and 2004 was the lowest at 5.3.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2.2	2.5	2.5	2.5
Annual Indicator	2.3	2.9	2.1	2.2	2.5
Numerator	11.1	14.3	11.1	13.9	14.8
Denominator	4.8	5	5.4	6.4	5.9

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	2.5	2.3	2.3	2.3	2.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 are estimated and small numbers impact infant mortality in Rhode Island. Data will be updated when final 2008 files are available. However, the ratio of the black infant mortality rate to the white infant mortality rate continues to be at least twice as high.



**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	5	4.8	4.8	4.8	5.2
Annual Indicator	4.0	5.0	4.9	5.4	4.2
Numerator	51	64	60	67	51
Denominator	12,778	12,690	12,370	12,365	12,032

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	4.2	4.2	5	5	4.5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**1. **Section Number:** Form12\_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 are provisional but indicate that neonatal mortality rate is declining. However, small numbers impact results and final results may differ.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	1.5	1.5	1.4	1.4	1.7
Annual Indicator	1.3	1.4	1.1	1.9	1.5
Numerator	17	18	14	23	18
Denominator	12,778	12,690	12,370	12,365	12,032

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	1.5	1.5	1.5	1.4	1.4

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**1. **Section Number:** Form12\_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 are provisional but indicate that postneonatal mortality rate is declining. However, small numbers impact results and final results may differ.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	6.4	6	6.2	6.4	6.4
Annual Indicator	5.7	7.1	6.4	6.5	5.1
Numerator	79	97	85	85	65
Denominator	13,839	13,617	13,299	13,126	12,740

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	5.1	6.2	6.2	6.2	5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes**

1. **Section Number:** Form12\_Outcome Measure 5

**Field Name:** OM05

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 are provisional but indicate that perinatal mortality rate is declining. However, small numbers impact results and final results may differ.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

**Annual Objective and Performance Data**

	2004	2005	2006	2007	2008
Annual Performance Objective	15	14.8	14.8	13.5	12.5
Annual Indicator	11.2	19.3	15.5	8.8	10.5
Numerator	21	36	28	16	19
Denominator	186,886	186,886	181,152	181,152	181,152

Data Source

Vital Records

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer  
 than 5 and therefore a 3-year moving average cannot be  
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Annual Objective and Performance Data**

	2009	2010	2011	2012	2013
Annual Performance Objective	10.5	12.2	12.2	12.2	10.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**Field Level Notes****1. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 is provisional , however trend data indicate a decline in death rate for children aged 1 through 14.

2006 US Census estimates were used starting with 2006.

**2. Section Number:** Form12\_Outcome Measure 6

**Field Name:** OM06

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2000 US Population Census was used for 2003.

2005 RI Statewide Projections were used for 2004 and 2005.

2006 US Census estimates were used for 2006 and 2007.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: RI**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

**Total Score:** 14

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

Eight parent consultants completed Form13. Six of the parent consultants had 2 years or more work experience with RIPIN and the special needs programs. The average score for each question was entered in Form 13.

On March 1, 2006, the Parent Consultant Program at RIPIN [Rhode Island Parent Information Network] was awarded two contracts by the RI Departments of Health and Human Services totaling \$6.28 million dollars. The new contracts enable more than forty parent consultants across the state to continue their work with families.

RIPIN Parent Consultants are placed all over the state to work with families through Early Intervention programs, pediatric practices, at Hasbro Children's Hospital and within the RI Department of Health working on specific initiatives such as immunization, lead, and children with special health care needs. Parent Consultants are parents or family members of a child who accessed some kind of specialized service or program in the state. Many are parents of children with special needs

The Pediatric Practice Enhancement Project [PEPP] supports pediatric primary and specialty practices in providing care to children with special health care needs and their families within a medical home. The PPEP places and supports trained parent consultants in primary and specialty care to link families with community resources, access specialty services, assist physicians in providing family centered care, and identifying systems barriers to coordinated care. There are currently twenty participating practices in a variety of settings. The project is recognized locally and nationally as an innovative best practice -- demonstrating improved short and long-term health outcomes for children and their families within a medical home.

**FIELD LEVEL NOTES**

None

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE: RI FY: 2010**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve Maternal Health Through the Reproductive Lifespan
2. Promote Healthy Lifestyles and Healthy Weights for All Rhode Islanders
3. Engage, Empower, Support and Inform Families
4. Support Safe and Healthy Environments for Children and Families
5. Address Social, Emotional and Behavioral Health Needs of the MCH Population
6. Improve Pregnancy Outcomes
7. Ensure a Medical Home for All Rhode Island Families
8. Enhance MCH Programs
9. Promote Healthy Human Development in Children, Adolescents and Families
- 10.

**FORM NOTES FOR FORM 14**

None

**FIELD LEVEL NOTES**

None



**FORM 15**  
**TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: RI

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Guidance on ho to track the incidents of an ASD in RI for identification, tracking and provision of resources.	RI would benefit from assistance to develop a registry to track incidents of ASD.	None indicated
2.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	develop and improve adolescent medical homes in Rhode Island.	Technical assistance on resources such as Bright Futures to support the development of medical homes would be useful and essential for broader statewide implementation.	AAP or the Society for Adolescent Medicine
3.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Provide training for one IHW core staff on treatment guidelines, nutrition assessment strategies, behavioral management, motivational interviewing, and working with families	The staff member will be able to work with RI healthcare providers to improve their practices	American Dietetic Association
4.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Provide technical assistance to support local partners with implementing the NHLBI's evidence-based We Can Energize Our Families childhood obesity prevention program.	To build community partnerships around obesity prevention while also providing parents and children with skills needed to make healthier choices	National Heart Lung and Blood Institute
5.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Address social justice issues around food access and opportunities for active living among children and their families in low-income communities	To educate policy makers, community leaders, and low income and racial/ethnic minority families about ethnicity targeted food marketing to children and families to enable communities to work for change.	None indicated
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: RI**

SP # 1

**PERFORMANCE MEASURE:**

Percent of PRAMS population who had a diagnosis of depression before or during pregnancy.

**STATUS:**

Active

**GOAL**

To improve maternal health and birth outcomes

**DEFINITION**

0

**Numerator:**

Weighted number of PRAMS respondents with diagnosed depression

**Denominator:**

Weighted PRAMS population

**Units:** 100   **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Rhode Island Pregnancy Risk Assessment Monitoring System (PRAMS)

**SIGNIFICANCE**

Research has shown that approximately one in five women experience perinatal depression and Rhode Island PRAMS data also reflect this statistic. Women with perinatal depression are also at a higher risk for poor birth outcomes. Identifying women with depression and understanding their characteristics and experiences should lead to program enhancements and policies resulting in earlier identification and referrals.

SP # 2

**PERFORMANCE MEASURE:**

Percent of children aged 2-5 enrolled in the WIC Program with BMI's  $\geq$ 95th percentile

**STATUS:**

Active

**GOAL**

To improve children's health and development

**DEFINITION**

Overweight is defined as having a Body Mass Index (BMI) at or above the 95th percentile

**Numerator:**

Children aged 2-5 enrolled in the WIC Program with a BMI greater at or above the 95th percentile

**Denominator:**

Total number of children aged 2-5 enrolled in the WIC Program

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Rhode Island WIC data system

**SIGNIFICANCE**

The percentage of children who are overweight has been rising both at the national and state level. Overweight children are at a higher risk for physical and psychosocial problems. Rhode Island WIC data have shown that more than one five children aged 2-5 are overweight.

SP # 3

**PERFORMANCE MEASURE:**

Percent of Rhode Island resident families with at-risk newborns that received a home visit from the Family Outreach Program within the newborn period (<=90 days)

**STATUS:**

Active

**GOAL**

To reduce risks among newborns and their families

**DEFINITION**

0

**Numerator:**

Number of at-risk newborns who received a home visit

**Denominator:**

Total number of at-risk newborns

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Universal Newborn Developmental Risk Screening, Family Outreach and KIDSNET data systems.

**SIGNIFICANCE**

Access to a broad range of health and family support services is critical to helping children grow into strong, healthy, and productive adults. Children are at increased risk if their parents or caretakers are overwhelmed by multiple problems such as inadequate income, lack of a job or a decent place to live, emotional stress, isolation from extended family or friends, drug and/or alcohol abuse, mental illness or domestic violence. Many parents lack essential parenting skills and are struggling with a combination of social and economic issues. Families benefit from access to comprehensive services that are able to flexibly respond to their needs.

SP # 4

**PERFORMANCE MEASURE:**

Percent of children aged less than 6 who live in the core cities and have blood lead levels at or above 10ug/dL

**STATUS:**

Active

**GOAL**

To reduce lead poisoning among children aged less than 6

**DEFINITION**

Rhode Island has identified the following six core cities based on the proportion of children living in poverty: Central Falls, Newport, Pawtucket, Providence, West Warwick and Woonsocket.

**Numerator:**

Number of children aged less than 6 living in the core cities with blood lead levels at or above 10ug/dL

**Denominator:**

Total number of children aged less than 6 living in the core cities that were screened for lead poisoning

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

8-11. Elevated blood lead levels in children  
Eliminate elevated blood lead levels in children

**DATA SOURCES AND DATA ISSUES**

Lead Elimination Surveillance System(LESS)and KIDSNET data systems

**SIGNIFICANCE**

Severe lead poisoning can lead to profound mental retardation, coma, seizures and death. Even low levels of exposure can impair central nervous system function causing delayed cognitive development, hearing problems, growth retardation, and metabolic disorders. Homes and play areas, particularly in substandard housing areas remain a significant source of lead in children's blood. The chief sources of lead exposure are thought to be old flaking lead-based paint, dust and soil. Lead poisoning is more prevalent among children living in poverty, often in inner cities, than among those in higher socioeconomic levels. In Rhode Island, lead poisoning rates are highest among children who reside in the core cities.

SP # 6

**PERFORMANCE MEASURE:**

Ratio of the Black or African American prematurity rate to the White prematurity rate

**STATUS:**

Active

**GOAL**

To reduce prematurity and eliminate disparities in prematurity rates

**DEFINITION**

Prematurity will be measured by physician estimate of gestational age at birth.

**Numerator:**

Percent of Black or African American babies with gestational ages of less than 37 weeks

**Denominator:**

Percent of White babies with gestational ages of less than 37 weeks

**Units:** 1 **Text:** Ratio

**HEALTHY PEOPLE 2010 OBJECTIVE**

16.11 Reduce preterm births  
Reduce total preterms births to 7.6%

**DATA SOURCES AND DATA ISSUES**

Birth File, Rhode Island Vital Statistics. Physician's estimate used and not LMP.

**SIGNIFICANCE**

Preterm births are the leading cause of infant mortality in Rhode Island. Babies born prematurely are more likely to have complications such as, breathing/lung problems, heart problems, anemia, jaundice, infections, etc. Among racial and ethnic groups, Black or African American women have the highest rate of preterm births.



SP # 7

**PERFORMANCE MEASURE:**

Percent of children (who have had at least one immunization from a primary care provider) with complete immunization series (4:3:1:3) and at least one lead screening by age 2

**STATUS:**

Active

**GOAL**

To assure the all children have a medical home and receive preventive services

**DEFINITION**

**Numerator:**

Number of two year-old children with complete immunization series (4:3:1:3) and at least one lead screening

**Denominator:**

Number of two year-old children with at least one immunization from a primary care provider

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

KIDSNET data system. Since not all providers participate in KIDSNET, the denominator requires that children have at least one immunization.

**SIGNIFICANCE**

Children are more likely to receive preventive, specialty and other necessary services if they have a medical home. According to the AAP a medical home should be: accessible, family centered, continuous, comprehensive, compassionate, culturally effective, and coordinated.

SP # 8

**PERFORMANCE MEASURE:**

Percent of at-risk newborns who live in a neighborhood or community with MCH community systems building partnerships

**STATUS:**

Active

**GOAL**

To measure the impact of community systems on at-risk newborns

**DEFINITION**

**Numerator:**

Number of at-risk newborns living in neighborhoods or communities with MCH community building partnerships

**Denominator:**

Number of at-risk newborns

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Newborn Developmental Risk Screening Program data system; CATCH program data

**SIGNIFICANCE**

Community systems building partnerships develop and support maternal and child health system assessment and strategic planning in high need communities in Rhode Island. Through collaboration with the AAP CATCH initiative, the Division of Family Health supports projects that focus on improving medical homes. A new maternal health systems project plans to improve the system of care for women in their childbearing years.

SP # 9

**PERFORMANCE MEASURE:**

Percent of licensed child care providers with on-site health consultants

**STATUS:**

Active

**GOAL**

Survey licensed child care providers.

**DEFINITION**

None

**Numerator:**

Number of licensed child care providers with on-site health consultants

**Denominator:**

Number of all licensed child care providers

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Survey

**SIGNIFICANCE**

The state Title V agencies in federal Region I have chosen to focus their collective assets regarding child care health consultants (CCHC). CCHC's improve the general health and safety of children in child care and promote the development of children in other domains—e.g., socio-emotional development, cognitive development, etc. This indicator is used by all NE States, but each state may develop its own tool to measure the success of their efforts.

SP # 10

**PERFORMANCE MEASURE:**

Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.

**STATUS:**

Active

**GOAL**

The Goal is to address social, emotional and behavioral health needs of the MCH population.

**DEFINITION**

0

**Numerator:**

Weighted number of students who felt sad or hopeless

**Denominator:**

Weighted total number of respondents

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

None

**DATA SOURCES AND DATA ISSUES**

The data source is the Youth Risk Behavior Survey [YRBS]. Data limitations: (1) survey is conducted every other year (2) survey conducted only in public high schools [9-12th grades]and CSHCN are not included. (3) participating in the survey is voluntary

**SIGNIFICANCE**

Identifying and meeting the emotional and behavioral health needs of children is critical for their success. In addition, adequate capacity to address the mental health needs remains a statewide concern.

SP # 11

**PERFORMANCE MEASURE:**

Percent of families of CSHCN served by the Pediatric Practice Enhancement Project (PPEP).

**STATUS:**

Active

**GOAL**

To build a connected community system of services for families raising CSHCN through the placement of trained parents of CSHCN throughout the health care delivery system. These parents help other families navigate the service delivery system and link them with community resources, assist physicians and families in accessing specialty services, and identify barriers to coordinated care.

**DEFINITION**

The number of families served by PPEP among the estimated number of CSHCN.

**Numerator:**

Number of families served by PPEP

**Denominator:**

Number of CSHCN

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Pediatric Practice Enhancement Project (numerator) National Survey CSHCN (denominator)

**SIGNIFICANCE**

The complex medical and social needs of children with special health care needs make it essential that they are cared for within a community system of services. Families raising children and youth with special needs struggle to navigate systems concerning health care, insurance, education, and a variety of home and community based services. Families and providers in RI have consistently reported difficulties navigating the service delivery system and accessing prescribed services

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: RI**

**Form Level Notes for Form 17**

None

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	88.0	79.9	47.7	42.3	49.9
<b>Numerator</b>	564	512	294	260	304
<b>Denominator</b>	64,080	64,080	61,572	61,397	60,934

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

**1. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

2008: Based on the 95% CI for the pediatric asthma hospitalization rates of Rhode Island children aged 0-4 for 2006, 2007 and 2008, the rate has remained stable. There has been no significant increase and no significant decrease.

Data for 2008 are provisional and Denominator from the US Census Estimates.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

2007: Data reflect children aged 0 - 4.

Denominator from the US Census Estimates.

A change in the reporting method resulted in a lower number of events in the numerator. Prior to 2006, more than the primary diagnosis was used to identify children hospitalized for asthma. As of 2006, only the principal diagnosis is used. The CDC Asthma Control Program mandates that pediatric asthma hospitalizations, emergency department visits, and deaths, use the primary reason only.

Based on modified rates for for 2005 - 2007, the rate has remained stable.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #01

**Field Name:** HSC01

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

2006: Data reflect children aged 0 - 4.

Denominator from the US Census Estimates.

A change in the reporting method resulted in a lower number of events in the numerator. Prior to 2006, more than the primary diagnosis was used to identify children hospitalized for asthma. As of 2006, only the principal diagnosis is used. The CDC Asthma Control Program mandates that pediatric asthma hospitalizations, emergency department visits, and deaths, use the primary reason only.

Based on modified rates for for 2004 - 2006, the rate has remained stable

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>93.2</u>	<u>93.8</u>	<u>91.0</u>	<u>89.7</u>	<u>88.9</u>
<b>Numerator</b>	<u>11,889</u>	<u>12,274</u>	<u>11,717</u>	<u>11,968</u>	<u>11,674</u>
<b>Denominator</b>	<u>12,752</u>	<u>13,081</u>	<u>12,878</u>	<u>13,342</u>	<u>13,135</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data are provided by RI Department of Human Services the Center for Child and Family Health. Data continues to show a decline since 2005. In 2005 the percent of enrollees with at least one initial periodic screen was 93.8 compared to 88.9 for 2008.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data are provided by RI Department of Human Services the Center for Child and Family Health and indicate a decline in the percent of Medicaid enrollees less than 1 year old who received at least one initial periodic screen. Decline might be due to the enrollment of infants into the Rite Care Plan.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #02

**Field Name:** HSC02

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are provided by RI Department of Human Services the Center for Child and Family Health and indicate a decline in the percent of Medicaid enrollees less than 1 year old who received at least one initial periodic screen. Decline might be due to the enrollment of infants into the Rite Care Plan.



**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>100.0</u>	<u>100.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>1</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

In Rhode Island, children in SCHIP are aged 8-18. Infants and children less than 8 years old are enrolled in our Medicaid Managed Program [RiteCare]. This Health Systems Capacity Indicator does not apply to Rhode Island.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

In Rhode Island, children in SCHIP are aged 8-18. Infants and children less than 8 years old are enrolled in our Medicaid Managed Program [RiteCare]. This Health Systems Capacity Indicator does not apply to Rhode Island.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #03

**Field Name:** HSC03

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

In Rhode Island, children in SCHIP are aged 8-18. Infants and children less than 8 years old are enrolled in our Medicaid Managed Program [RiteCare]. This Health Systems Capacity Indicator does not apply to Rhode Island.

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>83.7</u>	<u>81.4</u>	<u>76.0</u>	<u>76.3</u>	<u>75.8</u>
<b>Numerator</b>	<u>9,431</u>	<u>9,311</u>	<u>8,915</u>	<u>8,970</u>	<u>8,770</u>
<b>Denominator</b>	<u>11,266</u>	<u>11,441</u>	<u>11,733</u>	<u>11,763</u>	<u>11,563</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 are estimated. However, the general trend has been a decline in the percent of women excepted to have prenatal visits greater than or equal to 80 percent on the Kotelchuck Index.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data reflects calendar year and remained about the same as in 2007.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #04

**Field Name:** HSC04

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

There is a decline in the percent of women with prenatal visits greater than or equal to 80 percent on the Kotelchuck Index. The Index was 81.4% in 2005 compared to 76.0% in 2006.

**HEALTH SYSTEMS CAPACITY MEASURE # 07A**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	<b>Annual Indicator Data</b>		
			2006	2007	2008
<b>Annual Indicator</b>	85.9	85.1	82.9	84.1	82.4
<b>Numerator</b>	91,638	91,144	90,731	88,641	84,717
<b>Denominator</b>	106,638	107,144	109,411	105,365	102,774

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is are estimated.

Source of data: Department of Human Services and reported in 2009 Rhode Island Kids Count Factbook.

Data is reporting children under the age of 19 receiving Medical Assistance.

**2. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is are estimated.

Source of data: Department of Human Services and reported in 2008 Rhode Island Kids Count Factbook.

Data is reporting children under the age of 19 receiving Medical Assistance.

**3. Section Number:** Form17\_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data is are estimated.

Source of data: Department of Human Services and reported in 2007 Rhode Island Kids Count Factbook.

Data is reporting children under the age of 19 receiving Medical Assistance.

**HEALTH SYSTEMS CAPACITY MEASURE # 07B**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>56.1</u>	<u>58.7</u>	<u>62.0</u>	<u>67.5</u>	<u>70.5</u>
<b>Numerator</b>	<u>11,358</u>	<u>12,033</u>	<u>12,392</u>	<u>13,043</u>	<u>14,976</u>
<b>Denominator</b>	<u>20,262</u>	<u>20,484</u>	<u>19,976</u>	<u>19,309</u>	<u>21,250</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data are provided by RI Department of Human Services the Center for Child and Family Health. This indicator's upward trend continues in 2008, with approximately 70% of Medicaid children age six through nine receiving dental care.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data are provided by RI Department of Human Services the Center for Child and Family Health. The upward trend for this indicator went from 62.0% in 2006 to 67.5%.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #07B

**Field Name:** HSC07B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data are provided by RI Department of Human Services the Center for Child and Family Health. The upward trend for this indicator went from 58.7% in 2005 to 62.0% in 2006.

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>8.1</u>	<u>7.9</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<b>Numerator</b>	<u>295</u>	<u>296</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Denominator</b>	<u>3,654</u>	<u>3,768</u>	<u>1</u>	<u>1</u>	<u>1</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

**Field Level Notes**

1. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Please note that this health system capacity indicator does not apply to Rhode Island.

See Note in 2007 for complete explanation.

2. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Please note that this health system capacity indicator does not apply to Rhode Island.

The Rhode Island Department of Health has not in the past year paid for any rehabilitation services through the CSHCN Program for three primary reasons. (1) The Early Intervention Program [EI] transferred to the Department of Human Services and a private insurance mandate passed in 2005. (2) The State in late 2005, eliminated carve-out funding of services for children and youth with complex special needs, and requested insurers to reimburse for these services. (3) SSI recipients are enrolled in Medicaid which funds rehabilitation services.

3. **Section Number:** Form17\_Health Systems Capacity Indicator #08

**Field Name:** HSC08

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Please note that this health system capacity indicator does not apply to Rhode Island.

The Rhode Island Department of Health has not in the past year paid for any rehabilitation services through the CSHCN Program for three primary reasons. (1) The Early Intervention Program [EI] transferred to the Department of Human Services and a private insurance mandate passed in 2005. (2) The State in late 2005, eliminated carve-out funding of services for children and youth with complex special needs, and requested insurers to reimburse for these services. (3) SSI recipients are enrolled in Medicaid which funds rehabilitation services.

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: RI**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2007	Payment source from birth certificate	<u>8.8</u>	<u>7.2</u>	<u>8.1</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Payment source from birth certificate	<u>6.9</u>	<u>6.6</u>	<u>7.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Payment source from birth certificate	<u>74.5</u>	<u>89.7</u>	<u>82.1</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Payment source from birth certificate	<u>67.7</u>	<u>83.8</u>	<u>76.3</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)**  
**STATE: RI**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL MEDICAID</b> (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	250
b) <i>Medicaid Children</i> (Age range <u>    </u> 1 to <u>    </u> 18 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	250
c) <i>Pregnant Women</i>	2008	185

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)**  
**STATE: RI**

<b>INDICATOR #06</b> <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	<b>YEAR</b>	<b>PERCENT OF POVERTY LEVEL SCHIP</b>
a) <i>Infants (0 to 1)</i>	2008	_____
b) <i>Medicaid Children</i> (Age range <u>    </u> 8 to <u>    </u> 18 ) (Age range <u>    </u> to <u>    </u> ) (Age range <u>    </u> to <u>    </u> )	2008	250
c) <i>Pregnant Women</i>	2008	250

## FORM NOTES FOR FORM 18

2008: There were no changes from previous years for Indicator #6.

Medicaid eligibility levels:

Infants qualify if <250% of Poverty Level.

Children (1-18) qualify if <250% of Poverty Level.

Pregnant/Postpartum Women qualify if < 185% of Poverty Level.

SCHIP eligibility levels:

SCHIP does not include infants

Children (8-18) qualify if < 250% of Poverty Level.

Pregnant/Postpartum Women (8-18) qualify if 185-250% of Poverty Level.

Families with incomes > 150% of Poverty Levels are subject to a family partial premium. Threshold increases to 185% for families consisting only of pregnant women and infants

## FIELD LEVEL NOTES

1. **Section Number:** Form18\_Indicator 06 - SCHIP

**Field Name:** SCHIP\_Infant

**Row Name:** Infants

**Column Name:**

**Year:** 2010

**Field Note:**

SCHIP does not include infants.



**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: RI**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

<b>DATABASES OR SURVEYS</b>	<b>Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *</b>	<b>Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)</b>
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: RI**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other: School Accountability for Learning and Teaching	3	No
Youth Tobacco Survey	3	No

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

**FORM NOTES FOR FORM 19**

2008: Databases or survey linkages have not changes. Rhode Island Department of Health has access to and the ability to generate data from all the sources listed except for Medicaid eligibility\claims, the School Accountability for Learning and Teaching and the Youth Tobacco Survey.

Youth Tobacco Survey began in 2001 and is conducted every two years.

**FIELD LEVEL NOTES**

None

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: RI**

**Form Level Notes for Form 11**

Most 2008 data are provisional or estimated. Small changes in number of events, impacts many of the data elements requested. As a result, Rhode Island updates indicators each year with the most recent data files available. Starting with 2006, the denominator for HSI #3, #4, and #5, comes from US Census Estimates.

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	2004	2005	<u>Annual Indicator Data</u>		
			2006	2007	2008
Annual Indicator	8.0	7.8	8.0	8.1	8.2
Numerator	1,028	992	992	997	986
Denominator	12,778	12,690	12,370	12,365	12,032

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 is estimated but due the number of mulitple births, it is estimated that 2008 will have a slight increase in the percent of LBW babies compared to 2007.

2. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data for 2007 shows an slight increase in the percent of LBW babies compared to 2006.

3. **Section Number:** Form20\_Health Status Indicator #01A

**Field Name:** HSI01A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for 2006 shows an increase in the percent of LBW babies compared to 2005.

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>6.4</u>	<u>5.8</u>	<u>6.3</u>	<u>6.4</u>	<u>6.3</u>
<b>Numerator</b>	<u>790</u>	<u>704</u>	<u>742</u>	<u>759</u>	<u>728</u>
<b>Denominator</b>	<u>12,274</u>	<u>12,175</u>	<u>11,870</u>	<u>11,930</u>	<u>11,551</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes**

- Section Number:** Form20\_Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2008  
**Field Note:**  
 Data for 2008 reflects an estimate. It is estimated that there will be a slight decline of LBW singleton births in 2008. Data will be updated when 2008 birth file is finalized.
- Section Number:** Form20\_Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2007  
**Field Note:**  
 Data for 2007 shows a slight increase of LBW singleton births, 6.4% compared to 6.3% for 2006.
- Section Number:** Form20\_Health Status Indicator #01B  
**Field Name:** HSI01B  
**Row Name:**  
**Column Name:**  
**Year:** 2006  
**Field Note:**  
 Data for 2006 shows an increase of LBW singleton births, 6.3% compared to 5.8% for 2005.

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.5</u>	<u>1.6</u>	<u>1.6</u>	<u>1.7</u>	<u>1.6</u>
<b>Numerator</b>	<u>189</u>	<u>198</u>	<u>193</u>	<u>216</u>	<u>193</u>
<b>Denominator</b>	<u>12,778</u>	<u>12,690</u>	<u>12,370</u>	<u>12,365</u>	<u>12,032</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 are estimated and reflect a slight decline over 2007.

Data will be updated when birth file is finalized.

**2. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Rhode Island's percent of VLBW infants increased slightly in 2007 to

1.7% compared to 1.6% in 2006.

**3. Section Number:** Form20\_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Rhode Island's percent of VLBW infants remained the same for 2005 and 2006 at 1.6%.

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>1.1</u>	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>	<u>1.2</u>
<b>Numerator</b>	<u>141</u>	<u>145</u>	<u>143</u>	<u>149</u>	<u>139</u>
<b>Denominator</b>	<u>12,274</u>	<u>12,175</u>	<u>11,870</u>	<u>11,930</u>	<u>11,551</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 are estimated, however, Rhode Island's percent of singleton VLBW infants has been at 1.2% since 2005.  
 Data will be updated when birth file is finalized.

**2. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007: The percent of singleton VLBW infants remains at 1.2%.

**3. Section Number:** Form20\_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006: The percent of singleton VLBW infants remains at 1.2%.

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>4.0</u>	<u>5.0</u>	<u>3.5</u>	<u>2.9</u>	<u>2.9</u>
<b>Numerator</b>	<u>8</u>	<u>10</u>	<u>21</u>	<u>17</u>	<u>17</u>
<b>Denominator</b>	<u>199,674</u>	<u>199,674</u>	<u>592,741</u>	<u>586,460</u>	<u>586,490</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 are estimated and reflects a 3 year average [2006-2008] and the denominator includes children aged 0-14.

The estimated death rate due to unintentional injuries among children aged 0-14 remained the same for both 2007 and 2008 at 2.9 per 10,000.

Data will be updated when final files are received.

**2. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data for 2007 reflects a 3 year average [2005-2007] and the denominator includes children aged 0-14.

Data for 2007 was 3 cases and population was 193,393.

The 3 year average shows that deaths due to unintentional injuries among children aged 0-14 declined from 3.5 per 10,000 to 2.9 per 10,000.

**3. Section Number:** Form20\_Health Status Indicator #03A

**Field Name:** HSI03A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for 2006 reflects a 3 year average [2004-2006] and the denominator includes children aged 0-14.

Data for 2006 was 3 cases and population was 193,393.

The 3 year average shows that deaths due to unintentional injuries among children aged 0-14 declined from 5 per 10,000 to 3.5 per 10,000.



**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

		<b>Annual Indicator Data</b>			
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	0.0	2.5			
<b>Numerator</b>	0	5			
<b>Denominator</b>	199,674	199,674	193,393	193,393	193,393
<b>Check this box if you cannot report the numerator because</b> <b>1. There are fewer than 5 events over the last year, and</b> <b>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</b>					
(Explain data in a year note. See Guidance, Appendix IX.)			Yes	Yes	Yes
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Unable to report a death rate since estimated data indicates 11 5 events.

Data reflect unintentional motor vehicle deaths to children aged 0 - 14.

Denominator from the US Census Estimates.

**2. Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for 2007 reports only 3 unintentional motor vehicle deaths.

Data reflect unintentional motor vehicle deaths to children aged 0 - 14.

Denominator from the US Census Estimates.

**3. Section Number:** Form20\_Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data shows that only 2 motor vehicles deaths were unintentional .

Data reflect unintentional motor vehicle deaths to children aged 0 - 14.

Denominator from the US Census Estimates.

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>18.3</u>	<u>13.9</u>	<u>14.4</u>	<u>12.5</u>	<u>12.5</u>
<b>Numerator</b>	<u>29</u>	<u>22</u>	<u>23</u>	<u>20</u>	<u>20</u>
<b>Denominator</b>	<u>158,534</u>	<u>158,534</u>	<u>160,131</u>	<u>160,131</u>	<u>160,131</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data for 2008 are estimated and reflect the same rate in unintentional deaths involving a motor vehicle at 12.5 per 100,000 for both 2007 and 2008. Data for 2008 will be updated when files are finalized.

Denominator from the US Census Estimate.

2. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data for 2007 reflects an decline in unintentional deaths involving a motor vehicle for those aged 15 - 24. The rate per 100,000 is 12.5 in 2007 compared to 14.4 for 2006.

Denominator from the US Census Estimate.

3. **Section Number:** Form20\_Health Status Indicator #03C

**Field Name:** HSI03C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data for 2006 reflects an increase in unintentional deaths involving a motor vehicle for those aged 15 - 24. The rate per 100,000 is 14.4 in 2006 compared to 13.9 for 2005.

Denominator from the US Census Estimate.

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>153.8</u>	<u>138.7</u>	<u>117.4</u>	<u>131.9</u>	<u>140.6</u>
<b>Numerator</b>	<u>307</u>	<u>277</u>	<u>227</u>	<u>255</u>	<u>272</u>
<b>Denominator</b>	<u>199,674</u>	<u>199,674</u>	<u>193,393</u>	<u>193,393</u>	<u>193,393</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
<b>Is the Data Provisional or Final?</b>				Provisional	Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data reflect children aged 0 -14 and denominator from US Census Estimate.

The provisional rate of all nonfatal injuries increased from 131.9 per 100,000 in 2007 to 140.6 in 2008.

**2. Section Number:** Form20\_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data reflect children aged 0 -14 and denominator from US Census Estimate.

The rate of all nonfatal injuries increased from 117.4 per 100,000 in 2006 to 131.9 in 2007.

**3. Section Number:** Form20\_Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data reflect children aged 0 -14 and denominator from US Census Estimate.

The rate of all nonfatal injuries declined from 138.7 per 100,000 in 2005 to 117.4 in 2006.

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>19.5</u>	<u>19.5</u>	<u>7.8</u>	<u>8.3</u>	<u>8.3</u>
<b>Numerator</b>	<u>39</u>	<u>39</u>	<u>15</u>	<u>16</u>	<u>16</u>
<b>Denominator</b>	<u>199,674</u>	<u>199,674</u>	<u>193,393</u>	<u>193,393</u>	<u>193,393</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data reflect children aged 0 -14 and denominator from US Census Estimate.

The provisional data indicate that the rate of nonfatal injuries due to motor vehicle crashes is 8.3 for both 2007 and 2008.

**2. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data reflect children aged 0 -14 and denominator from US Census Estimate.

The rate of nonfatal injuries due to motor vehicle crashes increased from 7.8 per 100,000 in 2006 to 8.3 in 2007.

**3. Section Number:** Form20\_Health Status Indicator #04B

**Field Name:** HSI04B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data reflect children aged 0 -14 and denominator from US Census Estimate.

The rate of nonfatal injuries due to motor vehicle crashes decreased from 19.5 per 100,000 in 2005 to 7.8 in 2006.

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>96.5</u>	<u>53.6</u>	<u>75.6</u>	<u>61.8</u>	<u>55.6</u>
<b>Numerator</b>	<u>153</u>	<u>85</u>	<u>121</u>	<u>99</u>	<u>89</u>
<b>Denominator</b>	<u>158,534</u>	<u>158,534</u>	<u>160,131</u>	<u>160,131</u>	<u>160,131</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Data reflect youth aged 15-24 and denominator from US Census Estimate.

The provisional rate of nonfatal injuries due to motor vehicle crashes decreased from 61.8 per 100,000 in 2007 to 55.6 in 2008.

**2. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Data reflect youth aged 15-24 and denominator from US Census Estimate.

The rate of nonfatal injuries due to motor vehicle crashes decreased from 75.6 per 100,000 in 2006 to 61.8 in 2007.

**3. Section Number:** Form20\_Health Status Indicator #04C

**Field Name:** HSI04C

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Data reflect youth aged 15-24 and denominator from US Census Estimate.

The rate of nonfatal injuries due to motor vehicle crashes increased from 53.6 per 100,000 in 2005 to 75.6 in 2006.

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<b>Annual Indicator Data</b>				
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>Annual Indicator</b>	<u>23.3</u>	<u>23.2</u>	<u>20.0</u>	<u>20.5</u>	<u>21.8</u>
<b>Numerator</b>	<u>876</u>	<u>873</u>	<u>809</u>	<u>829</u>	<u>881</u>
<b>Denominator</b>	<u>37,676</u>	<u>37,676</u>	<u>40,481</u>	<u>40,481</u>	<u>40,481</u>

Check this box if you cannot report the numerator because  
 1. There are fewer than 5 events over the last year, and  
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes**

1. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Although there was a small decrease in the annual indicator from 2006 through 2008 when compared to 2004 to 2005, this measure has been relatively stable over the five year period from 2004 through 2008.

Denominator from the US Census Estimates.

2. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Although there was a small decrease in the annual indicator from 2006 through 2008 when compared to 2004 to 2005, this measure has been relatively stable over the five year period from 2004 through 2008.

Denominator from the US Census Estimates

3. **Section Number:** Form20\_Health Status Indicator #05A

**Field Name:** HSI05A

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Denominator from the US Census Estimates.

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	8.4	7.9	7.1	7.5	7.9
Numerator	1,542	1,459	1,319	1,394	1,468
Denominator	183,863	183,863	186,155	186,155	186,155

Check this box if you cannot report the numerator because  
1. There are fewer than 5 events over the last year, and  
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

**Field Level Notes****1. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2008

**Field Note:**

Denominator from the US Census Estimates.

**2. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2007

**Field Note:**

Denominator from the US Census Estimates.

**3. Section Number:** Form20\_Health Status Indicator #05B

**Field Name:** HSI05B

**Row Name:**

**Column Name:**

**Year:** 2006

**Field Note:**

Denominator from the US Census Estimates.

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
**STATE: RI**

**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2006    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	12,691	10,166	1,507	182	836	0	0	0
Children 1 through 4	49,954	40,851	5,375	665	3,063	0	0	0
Children 5 through 9	63,955	53,743	5,924	721	3,567	0	0	0
Children 10 through 14	69,905	59,362	6,109	719	3,715	0	0	0
Children 15 through 19	78,663	68,656	6,153	507	3,347	0	0	0
Children 20 through 24	69,215	61,002	4,982	443	2,788	0	0	0
Children 0 through 24	344,383	293,780	30,050	3,237	17,316	0	0	0

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	10,470	2,221	0
Children 1 through 4	41,859	8,095	0
Children 5 through 9	54,795	9,160	0
Children 10 through 14	59,808	10,097	0
Children 15 through 19	69,063	9,600	0
Children 20 through 24	61,177	8,038	0
Children 0 through 24	297,172	47,211	0



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**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007    Is this data from a State Projection? No    Is this data final or provisional? Provisional

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	14	8	3	0	1	0	0	2
Women 15 through 17	386	277	68	15	12	0	0	14
Women 18 through 19	806	628	125	16	23	0	0	14
Women 20 through 34	8,952	7,450	871	111	400	1	0	119
Women 35 or older	2,207	1,922	158	13	88	0	0	26
Women of all ages	12,365	10,285	1,225	155	524	1	0	175

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	5	7	2
Women 15 through 17	166	182	38
Women 18 through 19	419	280	107
Women 20 through 34	5,509	1,862	1,581
Women 35 or older	1,503	254	450
Women of all ages	7,602	2,585	2,178

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**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	90	55	17	1	2	0	3	12
Children 1 through 4	5	4	0	0	0	0	1	0
Children 5 through 9	2	0	0	0	0	0	0	2
Children 10 through 14	9	6	1	0	0	0	0	2
Children 15 through 19	28	26	2	0	0	0	0	0
Children 20 through 24	39	30	1	1	2	0	0	5
Children 0 through 24	173	121	21	2	4	0	4	21

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	71	17	2
Children 1 through 4	3	2	0
Children 5 through 9	0	1	1
Children 10 through 14	8	1	0
Children 15 through 19	28	0	0
Children 20 through 24	30	9	0
Children 0 through 24	140	30	3

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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	275,168	232,778	25,068	2,794	14,528	0	0	0	2006
Percent in household headed by single parent	34.0	24.0	61.0	62.0	26.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	7.1	5.4	24.7	0.8	23.1	0.0	0.0	0.0	2007
Number enrolled in Medicaid	69,093	26,590	8,980	242	1,068	0	0	32,213	2007
Number enrolled in SCHIP	11,087	3,966	682	41	189	0	0	6,209	2008
Number living in foster home care	2,076	1,335	406	27	42	2	161	103	2008
Number enrolled in food stamp program	39,788	14,899	6,493	150	680	0	0	17,566	2007
Number enrolled in WIC	21,586	14,877	3,609	139	635	423	1,903	0	2008
Rate (per 100,000) of juvenile crime arrests	4,679.0	3,259.0	15,945.0	0.0	5,057.0	0.0	0.0	8,123.0	2008
Percentage of high school drop-outs (grade 9 through 12)	16.0	12.0	21.0	22.0	17.0	0.0	0.0	0.0	2008

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19	235,995	39,173	0	2006
Percent in household headed by single parent	40.0	53.0	0.0	2007
Percent in TANF (Grant) families	5.9	14.1	0.0	2007
Number enrolled in Medicaid	24,862	12,018	32,213	2007
Number enrolled in SCHIP	0	2,398	8,689	2008
Number living in foster home care	1,480	482	114	2008
Number enrolled in food stamp program	12,796	9,426	17,566	2007
Number enrolled in WIC	12,985	8,601	0	2008
Rate (per 100,000) of juvenile crime arrests	4,390.0	4,546.0	6,054.0	2008
Percentage of high school drop-outs (grade 9 through 12)	17.0	25.0	0.0	2008

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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	254,502
Living in urban areas	269,400
Living in rural areas	0
Living in frontier areas	0
<b>Total - all children 0 through 19</b>	<b>269,400</b>

**Note:**

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	1,049,399.0
Percent Below: 50% of poverty	4.3
100% of poverty	10.7
200% of poverty	25.8

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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008    Is this data from a State Projection? No    Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	269,400.0
Percent Below: 50% of poverty	7.3
100% of poverty	16.1
200% of poverty	33.4

## FORM NOTES FOR FORM 21

2008: Data for HSI #06 comes from the 2006 US Census State Projections. It should be noted that the 2006 State Projections and the 2006 Census Estimates for this age group do not match. The US Census Estimates includes about 8400 more teens aged 0 thru 19 than the State Projection.

HSI #09A & HSI #09B: Most of the data is provided by the Department of Human Services [DHS] and reflects number of children enrolled in various programs as of 12/31/2007 or 12/31/2008. The data reports a point in time and not calendar year.

Race and ethnicity are estimates only. Currently, Race and Ethnicity are not required fields for eligibility and therefore, 45% to 49% of the cases are unknown. With such a large percent of race and ethnicity missing, the estimated breakdown of race and ethnicity are not considered reliable.

HSI #10 data are estimated using CPS three year average.

HSI #11 & # 12: Data from Current Population Survey, three year average, 2006-2008.

## FIELD LEVEL NOTES

1. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SingleParentPercent  
**Row Name:** Percent in household headed by single parent  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Percent is estimated and reflects children aged 0 -17.
2. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_TANFPercent  
**Row Name:** Percent in TANF (Grant) families  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Families on TANF must include an eligible child and eligible children are aged 0 - 18.
3. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_SCHIPNo  
**Row Name:** Number enrolled in SCHIP  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Children enrolled in SCHIP are aged 8 - 18.
4. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_WICNo  
**Row Name:** Number enrolled in WIC  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
WIC report includes child aged 0 - 5 and pregnant teens up to 19 years old.
5. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_JuvenileCrimeRate  
**Row Name:** Rate (per 100,000) of juvenile crime arrests  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data from Kids Count Data Book and reflects Juveniles referred to Family Court aged 10-17.
6. **Section Number:** Form21\_Indicator 09A  
**Field Name:** HSIRace\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Data from Kids Count Data Book.
7. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_Children  
**Row Name:** All children 0 through 19  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
The 2006 Census Projection does not report number of persons with missing ethnicity.
8. **Section Number:** Form21\_Indicator 09B  
**Field Name:** HSIEthnicity\_DropOutPercent  
**Row Name:** Percentage of high school drop-outs (grade 9 through 12)  
**Column Name:**  
**Year:** 2010  
**Field Note:**  
Percent of not Hispanic or Latino is estimated.